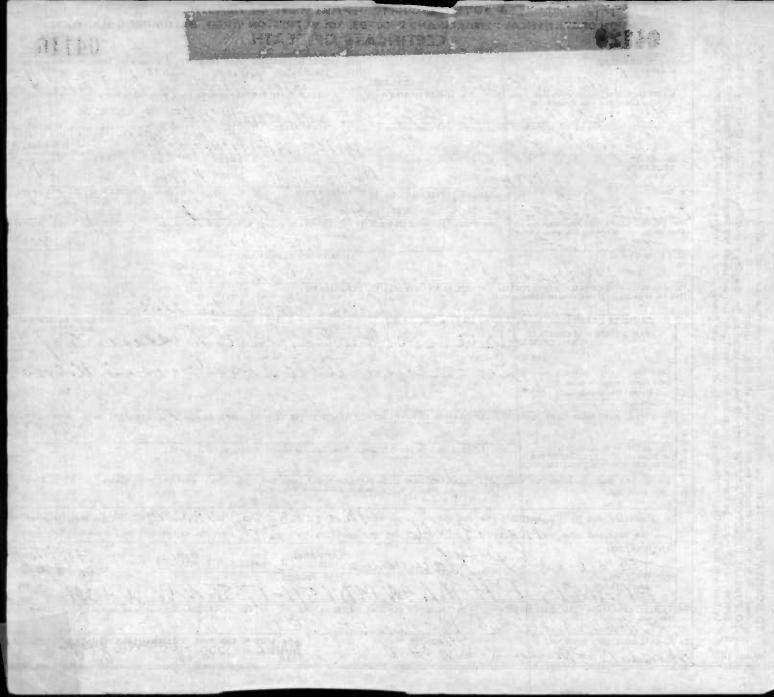
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove at bonn papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

4	1: 2	Control of the same	MARYLAND	SIAIC DEP	AKIMENI OF	HEALIN	7	
DIV	ISION	OF STATISTICAL	L RESEARCH A	ND RECORDS,	301 W. PRESTON	STREET, B	ALTIMORE 1,	MARYLAND
12			CE	BTIELCATE	301 W. PRESTON	118 F5	1	

Ttem 2 July 10 /6	or John bh	04716
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence bafore edmission)
a. COUNTY PRINCE GEORGE MARYLAND	a. STATE D.C. b. COUNTY PA	Grock
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside corporate limits, write RURAL or	C7 F7 9 TY 975-
write RURAL and give nearest town)	il a lia abia	1
HYATTOVILLE GYRS.	-TIMATITEMILLE WASHIT	igton 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ANDRESS 1006 - 10th St.	N.E. ON A FARM?
CARROLL FLANDR	149021-LAISANEINAI.	YES NO X
3. NAME OF First Middle	Last 4. DATE Month	Dey Year
(Type or print)	QUETORAGE DEATH MAR	9. 1966
E SEV. LA COURT OF PACEL	8. DATE OF BIRTH . 9. AGE (In years IF UNDER	1
5. SEA O. COLOR OR RACE 7. MARRIED NEVER MARRIED	A last birth day Months	Deys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	4PR. 5, 1814 9 41.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	RY 11. BIRTHIPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
Housewiff	TRELANS.	U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1 Sallaran N	1/NICNAW N	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyasgivawarordatasofsarvica)	. 1 11 6	
	GRROLL MANOR RECORDS	
18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	+ 11 1 A	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	role Heart Deseas	5 cus.
4'-00 DUE TO 1	1 0	
Conditions, if any, which) (b) Lever the	Milarian Poses	: Incua
gava rise to Immadiate cause	and the contraction of the contr	, rogue
(a), steting the underfying DUE 60		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED?
TAS		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	ED. (Enter nature of Injury in Part I or Part II of itam 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Homa, farm, † 20f. (City or town) (Co	unty) (State)
Hour a.m. Whila Not Whila fac	clory, street, office bldg., etc.)	
p.m. 19 at work at work		11
21. I certify that (I) (this hospital) attended the deceased from	Man 1.5, 196/ to//au/4, 19	da that (1) (we) last
saw the deceased alive on May 19 1960 and that	death occurred a 230%, from the causes and on t	he date stated above.
228. SIGNATURE		
to all of Theresan	ATTENDING MED. STAFF PHYS. TI DIRECTOR PHYS.	3/10/SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	11/166
HAME DIDYANGE PHANNAIN	17 1011-175T NIN 11	ACH DO
I TIPINUS INTINUTION,	MIDITAL STILL MY	701114
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY REMOMAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or coun	(State)
BURIAL 3/23/1966 MT. OLIVE	ET CEM. WASH	, C.
24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	254 BEGD BY REGISTRAR 258 TEGISTRANS	SENATURE
Thomas B. Hander - WASH. D.	DATE	0

VR A1S (4) 20M S-63



FOR STATE

y delay is

land 2 with the State Department of **D FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File page, land 2 with the State Department at Health ar its designated agent, priar to burial, crematian, ar remaval, and the great within 72 haurs after death.

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File 5 may be retained for your files.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

MADVIAND STATE DEDADTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	MAKILA	NO STATE DE	PAKTIMENT U	L HEAL	ın		
Division of STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

04117

UTLAG	(311)
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. COUNTY Prince George's MARYLAND	o. STATE Maryland Prince George's
Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Cheverly DOA	Hyattsville /6-/
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREËT ADDRESS e. IS RESIDENCE ON A FARM?
Prince George General Hospital	4608 Emerson Street YES NO X
3. NAME OF First Middle	Last 4. DATE Manth Day Year
OFFICEASED (Type or print) Thomas Eldridge Arno	old OF 3 30 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	8 May 1889 76 yrs. Manths Days Haurs Min.
1Da. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Soction formula	Md USA
Section foreman 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Arnold	Unknown
	<u></u>
(Ves no expelhence) (If we give wer as dates of service)	
no	rroll Arnold Landover, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Heart failure	minutes
4200 DUE TO	
Candifians, if any, which gave (b) Arterioscleratic	neart disease over 5 yrs
stating the underlying cause DUE TO	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
NO.	PERFORMED? YES NO SC
ZDQ. EXTERNAL CAUSE WAS ZDb. DESCRIBE HOW INJURY OCCURRED.	
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Port I or Part II of item 18.)
2Dc. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
Haur a.m. While Not While for	tory, street, affice bldg., etc.)
21. I certify that I taak charge af the remains described abave, h	eld on Autopsy , Inspection 🔯 , Inquiry 🙀 , ond in my opinio
death resulted from: Natural duses [4], Accident [1], Sur	
ACTUAL	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE CONTROL OF THE SIGNATURE	M.D. ASSISIANT MEDICAL EXAMINER
EXAMINER'S John Mehoe, M.D. Riverdale, Md.	DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county) 3-30-66
23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	SESMATORY 23d. LOCATION (City or Town) (County) (State)
REMOVAL (Specify) Apr 1, 1966 George Wash	
24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	APR 4 1966 Icharles Judge
injactsville, Md.	Um 11 4 (300)

VR A15ME (5) 6M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emoye carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	OFFE		Them	CERTIFI	CATE	E OF DEA	TH,				14	110	3
1.	PLACE OF DEATH	Н	1100	2)& 1 1 11 11 13	217	2. USUAL RESII	DENCE (W	here deceased	lived, If Insti		sidence	before ac	lmission)
	Prince	George's		MARYL	AND	Marvl	and		Pri	nce G	Seor	ge Is	
	b. CITY OR TOW	N (if outside corp and give nearest	orate limits, town)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		de corporate	limits, write	e RURAL &	and give	heares	t town)
	Chever	Ly		25 min.		d. STREET ADDR	svill	e			1	6 -	
1				hospital, give street ac	Idress)	d. STREET ADDR	ESS				0.	IS RES	ARM?
_		George's	General	l Hospital		4907	42nd	Avenue			Y	ES _	NO
3.	NAME OF DECEASED		First	Middle		Last	4.	DATE	Month		Day	Yea	ar
	(Type or print)	Her	bert	F.		Audas		OF DEATH	March		25	19	66
5.	SEX	6. COLOR OR RAC		ED NEVER MARRIED	1 8		1	19. AGE	(In years If				
	Male	White	7	=		11/7/98		last			Days	Hours	Min.
100			WIDOWE				- 12	100	yrs.	1 10 017	1251 0	CHALAT	
ant	ing most of work	ing life, even if rei	tired)	KIND OF BUSINESS OR INDUSTRY S Government	4	11. BIRTHPLACI					JNTRY?	F WHAI	
	FATHER'S NAM		miet o	o dovernine	2116	14. MOTHER'S	ison		York	U	S A		
13.	FAIRER S NAM	Edward	N Anda										
		Edward	" Auda	is		Eliza	abeti	De La	aney				
15	. WAS DECEASED	EVER IN U.S. ARMED	FORCES? 1	6. SOCIAL SECURITY NO.	17.	INFORMANT			Address				
(16	yes	(If yes give war or dat	les of service)		Ca	therine l	P Auc	lac Hy	tterri	110	Ma		
_		DELETI CO. L				OMOL ZIIC .		ads my	TUCSVI	TIE,			DATECH
				r line for (a), (b), and (c)).]	7	0				ONSE	VAL BE	DEATH
	PART I. DE	EATH WAS CAUSED IMMEDIATE CAU	BY: JSE (a)	ect a	-di	Er Tai	Ken	~					
	420	^	UE TO					0					
	Conditions, If	_	1	170:00	2	G. Hes	out 1	1/2		100			
	gave rise to	Immediate /	(p)	Jan		1001)00	,	7-6					
	cause (a), s	rating the	OUE TD										
2	underlying caus		(c)										
10	PART II. OTHER S	SIGNIFICANTCOND	ITIDNSCONTRI	BUTING TO DEATH BUT N	OTRELAT	TED TO THE TERMIN	NAL DISEA	SECONDITIO	GIVEN IN PA	4RT 1(a)		WAS AU	
CA											YES		NO X
11	2Da. ACCIDENT	WAS UNDERLYING	☐ 2Db.	DESCRIBE HOW INJUR	Y OCCUP	RRED. (Enter natu	re of Injui	ry In Part I o	r Part II of	Item 18.)			
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING ING [] CAUSE OF I TIFY MEDICAL EXA	DEATH (MINER)										
		INJURY Month, Da		. INJURY OCCURRED 2	On DIAC	E OF INJURY (Hom	no form I	20f. (City o	e town)	(Coun	tu)	- /5	state)
010	Hour a.r		whi		factor	y, street, office bld	ig., etc.)	201. (CIL)	i town)	(Court	Ly)	10	, tate)
MEDICAL	p.1		19 at w										
	21 certif	w that (I) (this h	ospital) atter	nded the deceased fr	om &	-1	, 19 3	3, to 3	-2>	1966	tha	et (I) (v	ve) last
		ceased alive on	322	19 (2. 2)	nd that	death occurred	2:30	M from th	e callees a	nd on th	e date	stated	above.
	22a. SIGNATUI			13-12-, 0	iu tiiot	death occorred		im		22b. DA			450101
	ZZG. GIGHATO	(O. V.	1)			ATTENDING P	MED.	S [™]	AFF - 7	marel		1966	,
	22c. PHYSICIA	The state of the s	0-		M.D.	PHYS. L	DIREC	TOR PI	iys. LY	7		0	
	NAME (T	Abe)		ArDeitz		C. ADDRES	DURGO	· Ny	Ham	Mes	12	1-	-
						Oro ter	1	1			1		
238	BURIAL, CREM	ATION, 23b. DA	TE THEREOF	23c. NAME OF OE	METERY	OR CREMATORY		3d. LOCATIO	* W.		nty)	(St	ate)
2	Buriar	Mar 2		6 Ft Linco	ln (Cremator	C	olmar	Manor	2	Md.		
24			-0, 100	ADDRESS	John M. C.	25a.	V	Y REGISTRAR		SISTRAR'S	SIGNA	TURE	
	F. Gaso		Hya	ttsville, M	ld.	111	7 0 0	1000	polio		ri i		
_			-	,		MA	17 40	1966	Juna	rely	Jus	72	

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Prince Desirgal's Septend Hotel tal. 1997 92nd America

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

77	ONTRO				CLATITIC	MIL	. OF DEATI					2		
1.	PLACE OF DEATH						2. USUAL RESIDENCE		e deceased	b. COUNT	Υ	idence	before ac	imission)
	Prince	George			MARYL		Marylan	1d		Pri	nce (jeo		A A
	b. CITY OR TOW Write RURAL	N (If outside corp and give nearest	oorate limits town)	s,	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If	outside	corporat	e limits, writ	e RURAL a	nd give	neares	st town)
	Chever				D.O.A.		Lanham				-	16-	- /	ID THAT
					spital, give street ad	dress)	d. STREET ADDRESS	A 7	43.0	0.1			ON A I	FARM?
	Prince	Geo. Ge	en. no	osp	•		9127 -	AIC	ona	St.		Υ	-	NO X
3.	NAME OF DECEASED		First		Middle		Last	4. D	ATE	Month		Day	Ye	
21	(Type or print)		Fred		A.	A	wad	Di	EATH	3		1	19	66
5.	SEX	6. COLOR OR RA	ACE 7. MAR	RRIED	NEVER MARRIED	N 8	. DATE OF BIRTH		9. AGI	(In years I				
	Male	White	WID	OWED	DIVORCED		.0/22/1905	5	60	t birthday) N	Aonths D	ays	Hours	Min.
10	. USUAL OCCUPAT	ION (Give kind of v	vork done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & S	state, or fo	reign country)	12. CIT	IZEN C	F WHAT	
uui	Ing most of work	- Reti:		110	IDUSTRY		Pennsylv	าลทำ	8			S.A		
13	FATHER'S NAM		L Ou	-		1	14. MOTHER'S MAII							
	Alher	t Awad					Mary Ro	kus						
15	. WAS DECEASED		DFORCES?	1 16. 9	SOCIAL SECURITY NO.	17.	INFORMANT	711 01 0		Address				
(Y	es, no, or unkown)	(If yes give war or d	ates of service))				Tilan	0++0	(obo	***	222	401	
	No					Mrs				(abo	ve a	ddr		
3.0				per li	ne for (a), (b), and (c).	.]	(Daug	gnte	r)			ONSE	VAL BE	DEATH
	PART I. DI	ATH WAS CAUSE IMMEDIATE CA	D BY: USE (a)	Co	ades la	111	-							
	4201	1	DUE TO											
	Conditions, If		(b)	1-	A	116								
	gave rise to		DUE TO											
	cause (a), si underlying caus			9	0 1		1							
S			(c)	RIBU	TING TO DEATH BUT NO	TRELA	ED TO THE TERMINAL	DISEASE	CONDITIO	ON GIVEN IN P	ART 1(a)	19.	WAS AL	
ATI												YES	PERFOR	NO T
E	202 ACCIDENT	WAS UNDERLYIN	C [] 2	20b. D	ESCOIDE HOW IN HID	V Occili	RRED. (Enter nature o	f Inlury	In Part I	or Part II of	Item 18)			110
CERTIFICATION	OR CONTRIBUT	NG CAUSE OF	DEATH	.00.	LIGHT HOW INJUN	1 0000	MED. (Eliter hature o	i injury	in real i	or rait ii or	1000 20.7			
							- 05 W W - 41 (1 0	01 (014)	an farms)	(Coun	4.4		State)
CA	20c. TIME OF	INJURY Month, I				e. PLAC	E OF INJURY (Home, f y, street, office bldg.,	arm, 2	of. (City	or town)	(Coun	ity)	(State)
MEDICAL	p.1			While it work	Not While at work									
	21. L certif	v that (I) (this	hospital) a	ttende	ed the deceased fro	om		9	to		_, 19	_, th	at (I) (we) last
		ceased alive on		15			death occurred at	Man	f, from t	he causes a	nd on the	e date	stated	d above
	22a. SIGNATU											TE SIG		
			1		1. B.	- M.D.	ATTENDING PHYS.	MED. DIRECTO		PHYS.	Mer	91	19	66
	22c. PHYSICIA	N'S CAON	ge A.	80	oinis, M.	D	22d. ADDRESS	5410) - (Jonn.	Ave.	. M	W.	
	NAME (T	(pe) Geor	go w.	De	JIIII e die.	<i>D</i> •			ing		C	,		
23	BURIAL, CREM	IATION, 23b. D	ATE THEREO	F	23c. NAME OF CE	METERY		23d		ION (City, to	wn or cour	nty)	(S	tate)
	REMOVAL (Sp Buria	ocify)	4/66		Gate of	Har	aven Cem.	0	ilve	n Cnn	inc	76.2		
24	. FUNERAL DIRI		levis		ADDRESS Mt	Re	inier25a. RE	C'D BY	REGISTRA	R 255. RE	GISTRAR'S	SIGN	TURE	
	Funera	Mar	Inc.		Mary		3 11/1/	R 7	196	a gol	earle	1 Ca	del	
	T MITOT C	7101110			J.		DATE	1) 0	100	VI /	-	15	-0	

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with the State Department of

office along with form PM3. Page

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral directar. Page 4 should be farwarded ta the Chief Medical Examiner's, TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

any delay is

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

114121

		3							- LD.		
1. [PLACE OF DEATH						(Where deceased live				
(o. COUNTY Prin	ce George's		MARYLAND		STATE Mary]	and	b. COUNTY	ce Geo	mante	
<u> </u>	CITY OF TOWN (If outside carparate limits,		c. LENGTH OF STAY IN 16			outside carporate limit				
ì	write RURAL one	d give nearest tawn)		C. LLNOIII OF SIAT IN 18	0. (11	Brent	,	S, WITTE KUKAL U	illa give lieuli	ist towing	
							wood		/	6 - 1	
(AL OR INSTITUTION (If nat in		ive street address)	d. STI	d. STREET ADDRESS			1	e. IS RESIDENCE ON A FARM?	
	452	l Banner Stre	et			4521 Banner Street				YES NO 🔯	
	NAME OF DECEASED	First		Middle		Last	4. DATE	Manth	Do	ay Year	
	Type or print)	Debra		Lynn	Ba:	iley	OF DEATH	March	8	19 66	
S. S	SEX		MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE	In years IF I	UNDER 1 YEAR		
	female	Negro w	IDOWED	DIVORCED [8-9	9-61	lost	pirthday) Ma yrs.	inths Days	Hours Min.	
10a.	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR	11.	BIRTHPLACE (State	e ar fareign cauntry)		12. CITIZEN OF WHAT		
duri	ng most of warking None	life, even if retired)	INI	DUSTRY		Maryla	2		COUNTRY		
13	FATHER'S NAME	3		None		NOTHER'S MAIDEN			U.	S. A.	
10.		J. Bailey			Grace Brooks						
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates of serv	ice) 16. S	SOCIAL SECURITY NO.	7. INFORM			Address			
(, 0	No	None		None	Rola	nd J. Ba	ailey-fath	ier sa	me as	2	
		EATH (Enter anly ane cause pe	r line far						11	TERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	A	sphyxiation					n	INSET AND DEATH	
- 1	9160	DUE TO									
ı	Canditions, if any		I	nhalation of	smok	9			n	ninutes	
-	rise to immediat	e cause (a), (
	last.	(c)									
-	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING T	O DEATH BUT NOT RELATED	TO THE TER/	MINAL DISEASE CO	NDITION GIVEN IN PA	ART 1(a)	19	P. WAS AUTOPSY	
N N	none									PERFORMED? YES NO 🔀	
2	20g. EXTERNAL CA		20h DES	CRIBE HOW INJURY OCCURR	FD /Fnter n	ature of injury in	Part I or Part II of i	tem 18)		ID IN EL	
CERTIFICATION	PRIMAR DC or CO			ped in upsta							
	CAUSE OF DEATH.	1914 At all a M						or tawn)	10	(64-4-)	
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor	While	Not While 2 20e.	foctory, stre	JURY (Hame, far et, office bldg., etc SE	1	,	(Caunty)	(Stote)	
Σ	3:00 PM p.r	8 Marchy 66	at wark	Nat While at wark	hou	s'e	Brenty	rood	P.G.	Md.	
ſ	21. I certif	y that I took charge of	the rem	nains described obove,	held an	Autopsy ,	Inspection	, Inquiry	x, an	nd in my opinion	
	death result				Suicide [mined mann			
		1 //	V			CHIEF MEDICA					
	ACTUAL SIGNATURE	1 stres	16	no	M.D.		DICAL EXAMINER			22. DATE SIGNED	
		1000	1	3	M.D.		CAL EXAMINER &			3-9-66	
-	NAME (Type)	John Kehoe,	M.D.				at lety town or cour	ity)		7-7-00	
23a.	BURIAL CREMATIC	ON. / 23b. DATE THEREOF		23c. NAME OF CEMETERY	OR CREMAT		23d. LOCATION		(Count	ty) (State)	
_	REMOVAL (Specify	3-15-		Arlingtor				igton.	,	, ,	
2.4	ELIMEDAL DIRECTO	R	UU .	ADDRESS	1100	2So. REC	D BY REGISTRAR	2Sb. REGISTE	RAR'S SIGNATI	URE	
J	015 12t	Rhines Comp	any		~		14 1966		reles Q		
31	115 12t.	h Street. N	. Dec	wash. D.	Co	I PINEAL	L T INPP	Jula	relly &	udal	

VR A15ME (5) 6M 1/66

5 may be retained far your files.

MAR	YLAND STATE D	PEPARTMENT C	F HEALTH		
DIVISION OF STATISTICAL RESEA	ARCH AND RECORD		N STREET, BALTIM	ORE 1 MAR	YLAND
U4ESE Item 2	Film-G375	TE OF DEATH		0.31	61
a. COUNTY		2. USUAL RESIDENC	E (Where decessed lived, If		e before edmission)
Prince George	MARYLAND	MATT	ZANY	P/4/7/4/	15/2
b. CITY OR TOWN (if outside corporata limits, write RURAL and give neerast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporete limits, write		aarest town)
Hyattsville	8 YRS	MYAK	that wa	shington	47 3
d. NAME OF HOSPITAL OR INSTITUTION (if not In hosp	ital, giva street address)	d. STREET ADDRESS	, 218 2nd S	t. SE	IS RESIDENCE ON A FARM?
Carroll Manor		18184 HAJA	1-		YES NO
3. NAME OF First DECEASED	Middla Ball	l enger	4. DATE Month	h Dey	Year
(Type or print) EIIIA	F. BA	MENGER	DEATH Marc		1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	B. DATE OF BIRTH	9. AGE (In yeers last birthdey)	Months Deys	Hours Min.
Female White WIDOWED	DIVORCED _	11-13-187	0 95 yrs.		
10a. USUAL OCCUPATION (GIVe kind of work done during most of working life, avan if ratired)	ND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County	y & State, or foreign country)	12. CITIZEN OF	F WHAT COUNTRY?
House WIFE		Charles	COUNTY B	ol us	9
13. FÄTHER'S NAME		14. MOTHER'S MAIDEN N	NAME /		
JAMES HAYO	new .	EL12A	BETH B.	PILEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yas, no, or unkown) (Ifyesgivawarordatesofservica)	SOCIAL SECURITY NO. 17. 1	INFORMANT	Addrass	5	
	vone Mrs	s.Jos.H.Heb	erle 1838 S	St,SE	DC 20
18. CAUSE OF DEATH [Enter only one cause par li		^		INTI	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cula (2070 4070	y occlusi	10 -	11/2
4201 DUE TO 0			0 .0		- 1.
Conditions, if any, which) (b)	rdio Vo	7 /07	Stewal Vi	Teex 1	15 475
geve rise to immadiata causa (a), stating the undarlying DUE TO				4 - 1	
causa last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CON	FRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(a) 15	9. WAS AUTOPSY PERFORMED?
				Y	YES NO
208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter neture of injury in	Part I or Pert II of itam 1B.)		
		ACE OF INJURY (Home, ferm, tory, straat, office bldg., atc.)		(County)	(Steta)

completely filled in by the funeral papers. Pages 1 and 2 n 72 hours after death. attending physician and DIRECTOR: After this certificate has been signed by the should be defached for use as the burial-transit permit. of Health prior death. Page 4 TO FUNERAL director, page 3 be filed with th

The law requires that the death certificate be executed within 24 hours after

19...., to 3/ 10....., 19.66, that (1) (we) last

220. SIGNATURE

ATTENDING PHYS. M.D. 22d. ADDRESS

DIRECTOR

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

23d. LOCATION (City, town or county) (State)

230. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Congressional ADDRESS

Pa.Ave.,SE

Washington, D.C.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 5-63

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove parbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

	MARYLAND STATE DEPARTMENT OF HEALT	ГН
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE	ET, BALTIMORE 1, MARYLAND
04131	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET CERTIFICATE OF DEATH	0419

	们将其可以			CERTIFICATI	E UF DEATH			113	1129
1.	PLACE OF DEATH	nce George	3	MARYLAND	2. USUAL RESIDENC e. STATE Mary	E (Where dece	b. COUNTY	tion: Residence	Georges
	b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corp	orate limits, write i	RURAL and g	Ive nearest town)
_		4	N (if not In h	nospital, give street address)	d. STREET ADDRESS	MOIT THE	Ignes	16	e. IS RESIDENCE
				al Hospital		COAL	A		ON A FARM?
_					1008	60yh	Ave.,		YES ND
3.	NAME DF DECEASED		rst	Middle	Lest	4. DATE	Month	Day	y Year
_	(Type or print)		evy		x Banks	DEATH	Marb		
5.	SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED 8	B. OATE OF BIRTH	9.	AGE (In years IFU last birthday) Moi	INOER 1 YEAR	
	Male	Negro	WIDDWEO	DIVORCEO [15 July	1915	50 yrs.	Tuis Days	Hours Wille
dur	Ing most of work		done 10b. r	KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Co	unty & State,	or foreign country)	12. CITIZEN COUNTR	
13.	FATHER'S NAM	E Les	/ie		14. MOTHER'S MAIO	EN NAME	Banks		
	. WAS DECEASED	VER IN U.S. ARMEOFO	RCES? 16.	. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
(Ye	es, no, or unkown)	(If yes give war or dates o	f service)	R-	strice Ba	le	5-		7.7
		DEATH Enter only on	e cause per	line for (a), (b), and (c).]	VALLE DIA	11193	Janne	INT	ERVAL BETWEEN
		ATH WAS CAUSED BY		mile for (a), (b), and (c).1	7				SET AND DEATH
	1600	IMMEDIATE CAUSE		Heumosus	2				& meath
	Conditions, if		TO /	evere Deli	y drestivo			9	nest
	gave rise to cause (a), st underlying caus	ating the DUE	OP	ack de to	Quel:	lufe	Bubelon	u o	ne walk
NO			ONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL O	ISEASE COND	ITION GIVEN IN PAR	T 1(a) 19.	
ATI									PERFORMED?
IFIC	20a ACCIDENT	WAS UNDERLYING	1 20h	DESCRIBE HOW INJURY OCCU	DDEO (Enter nature of	Inlury In Par	t I or Part II of Ite		22 110
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEA	TH NER)	DESCRIBE HOW MISKY OCCU	AREO, (Enter nature or	injury in too	C C OF FAIL II OF ICC	, 10.,	
MEDICAL	20c. TIME OF I Hour a.m		Year 20d. While at wor	Not While factor	CE OF INJURY (Home, far ry, street, office bldg., et	rm, 20f. (i	City or town)	(County)	(State)
~				led the deceased from	1/1/10	CL to_	2 19/	1966 +	that (I) (we) last
		ceased alive on	>) ?	3 10 4 6 and that	death occurred ab.				
	22a. SIGNATUR		77	0	death occurred ac-	my IIO		2b. OATE S	
		126	falu	elec) M.O.		MED.	STAFF PHYS.	3/14/6	66
	22c. PHYSICIA		ren	M.U.	22d. AODRESS	JIKECTOR L	ј гпіз.	0,21,0	
	NAME (Ty	(pe) Ohann	es Saha	akyan, M.D.	5813 Lando	ver Rd.	Cheverly	, Md.	
23a	. BURIAL CREM		THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	1 23d. LO	CATION (City, town	or county)	(State)
	REMOVAL (Spe	clfy) 3/18/	106	I I I	en Park	11/1	at suilla	Mel	
24	, FUNERAL OIRE	CTOR	s y	ADORESS		O BY REGIS	TRAR 25b. REGIS	TRAR'S SIG	NATURE
H	Swash		1925	Cleans Gre 725	- WAR	18 19		men 1	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04123

F	OF	S	TA	TÉ
1E	AL	TH	D	EP.
s after death. If any delay is	18. Give Pages 1, 2, and 3 to	alang with farm PM3. Page	To the state of th	with the state Department of
haurs	tem	Office	200	ovent
rtificate shauld be executed within 24	riting the ward "pending" in pencil in	varded to the Chief Medical Examiner's	400000000000000000000000000000000000000	rial cremation or removal and in any
O DEPUTY MEDICAL EXAMINER: This cer	necessary, please execute the certificate, wi	the funeral director. Page 4 shauld be farw	5 may be retained for your tiles. O FINEPAI DIPETTOR Date 3 charild be used as a busid beautiful transit sile assets to be seen beautiful.	Health or its designated appart prior to bur

T	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE o. STATE		b COUN	YTY			
\vdash	Prince	George's		MARYLAND		Marylan			ince C			
	write RURAL on	If autside carparate limit d give nearest tawn)	5,		ŀ			ilmits, write Kul	KAL and give	neoresi	i iown)	
-	Cheverl	AL OR INSTITUTION (If no	at in barnital	DOA	-	d. STREET ADDRESS	od			6-	. IC DECI	DENCE
				-			7: 0	L L			ON A F	
1	NAME OF	George's Ge		Middle		3606 Al					YES [
3.	DECEASED		ist abeth			Lost	4. DATE OF	Mant	h	Oay	Ye	
5	(Type or print) SEX	6. COLOR OR RACE	7. MARRIED	Morrissey		Barr DATE OF BIRTH	DEATH	AGE (In years	T IF UNDER 1	YFAR	19 IF UNDE	66 P 24 HPS
			WIOOWED					lost birthday)	Manths	Days	Haurs	Min.
100	female	White (Give kind of work done		CIND OF BUSINESS OR	1	11-1-08 III. BIRTHPLACE (State	o or foreign rous	yrs.	12 CIT	IZEN OF	WHAT	
dur	ring post of warking	life, even if retired)		NDUSTRY	R.	chmond,		y)		JNTRY?	TTIMI	
1-	FATHER'S NAME	(GeIII)			14.	14. MOTHER'S MAIDEN						
		. Morriss	AV			Mary El		776077	a va d			
				SOCIAL SECURITY NO.	17 18	FORMANT						
(A	es, no, or unknown)	R IN U.S. ARMEO FORCES? ((If yes give war ar dates o						5014-4增	Pth A	ve.		
				79-48-7152	U.	nas. Mori	rissey	Hyat	tavi		Md.	
	18. CAUSE OF DI	EATH (Enter only one cau TH WAS CAUSED BY:						0			RVAL BET	DEATH
		IMMEDIATE CAUSE		t Failure						mı	nute	S
	527/ Conditions, if ony	DUE	-	The Property of the Property o								
	rise to immediat	e cause (a),		Pulmonale						OV	er 3	mo.
П	stating the unde	rlying cause DUE		onary Emphyse	າກາຕ					770	0.200	
		CHIEFCANT CONDITIONS C		TO DEATH BUT NOT RELATED			MDITION CIVEN	IN DART I/-)			WAS AUT	ODCV
CATION			ONIKIBUTING	TO DEATH BUT NOT KELATED	10 11	TE TERMINAL DISEASE CO	NOTITON GIVEN	IN PAKT 1(0)			PERFORM	
MEDICAL CERTIFICATION	20a. EXTERNAL CA PRIMARY □ ar CO CAUSE OF DEATH.	NUSE WAS NTRIBUTING 🗔	20b. D	ESCRIBE HOW INJURY OCCURR	ED. (I	Enter nature of injury in	Part I ar Part I	l af item 18.)				
PIS	20c. TIME OF INJI	JRY Manth, Oay, Yeor				E OF INJURY (Hame, far		(City or town)	(Cou	nty)	((Stote)
W	p.r	10	While at war		10(10	ry, street, office bldg., etc	.)					
	21. I certif	y that I took charge	e of the re	moins described obove,	hele	d on Autopsy ,	Inspection	X, Inqu	iry 📆,	ond	in my	opinion
	deoth result	ted from: Noture	gauses [Accident S	Suicio	de , Homicide	e . Und	etermined me	onner 🗍			
	4.670.04	0- /	16	7	-	CHIEF MEDICA	L EXAMINER					
	ACTUAL SIGNATURE	2776	2/	err	-	_M.D. ASSISTANT ME	DICAL EXAMINER				2. DATE	
	EXAMINER'S	1					CAL EXAMINER	_		3	-7-6	16
	NAME (Type) TO		D., Ri	verdale, Mary	vla	THE REAL PROPERTY.	et, city, tawn, ar					
230	 BURIAL, CREMATIC REMOVAL (Specify 	3/8/6	EREOF	23c. NAME OF CEMETERY				TION (City or Tov	wn) ((County)	(5	tate)
В	urial	10,0,0		Mt Calvar	.У	Cemetery	Rich	mond,		01117117	V	9.
F	i. Funeral directo unoral	Nalley Home Inc.	S	Mt.Rainier	Mo	DATE A	R 9 REGISTRA	966 ^{25b.}	GISTRAR'S SI	GNATUR	udge	-

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

COUNTY

COUNTY

RINCE GEORGE'S

MARYLANO

MAR

USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARY Land b. COUNTY PLACE OF DEATH b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hill Crest Heights AIR FORCE BASE 1 DAY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS a. IS RESIDENCE ON A FARM? USAF HOSPITAL ANDREWS 2702 AFTON STREET YES NO X 3. NAME OF First Middle Last DATE Month Day Year 4. DECEASED (Type or print) DEATH BATEMAN MARCH 6 1966 JOSEPH 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Oays Hours CAUCASIAN WIDOWED DIVORCED [NOV 1916 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INOUSTRY FORCE (RET AIRMAN VIRGINIA USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Cora HARVEY BATEMAN FARROW JAMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) Mrs Helen W. Bateman, Same 231-09-0701 as 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Arrest IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which Myocardial Infarction (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES TV NO T None 20a. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (IX (this hospital) attended the deceased from 0.600 6 Mar 19.66 to 0.700 6 Mar 19.66 that QX (we) last 19 66, and that death occurred at 7 AM, from the causes and on the date stated above. saw the deceased alive on 6 22a. SIGNATURE 22b. OATE SIGNED ATTENDING an 6 March 1966 M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS ANDREWS, ANDREWS NAME (Type) ROTG, CAPT, U 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. LOCATION (City, town or county)

Arlington National Cemetery, Arlington, Virginia

REC'D BY REGISTRAR |

25b.

REGISTRAR'S SIGNATURE

and 2 death. death. after Pages urs aft filled in by papers. Page in 72 hours a hours hin within etely W. Pa ve carb executed remove and physician a = and certificate removal, attending phermit. Then burial-transit permit. burial, cremation, or the that the p physician. signed l been the r prior 38 use for use Health certificate PHYSICIAN: this certification detached for the Dept. of I be de State After retained should the DIRECTOR: age 3 should led with the page may HOSPITAL FUNERAL director, should be 10

VR AI5 (4) 20M 1/65 REMOVAL (Specify)

MONERAL DIRECTOR

March 9th 1969

Simmons Bros. 1661- Good Hope Road SE. Wash.DC

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MARKET SELECTION VICES

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

P.M.3. Page deloy is

With form

Graffages 1, 2, and 3 to

in pencil in Item 18.

This certificate shauld be executed within 24 hours offer

and in any event within 72 hours ofter death.

5 moy be retoined for your files.

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office old

necessary, please execute the certificate, writing the word "pending"

AL EXAMINER:

TO DEPUTY ME

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its designoted agent, prior to buriol, cremation, or removal,

0413	35	MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	()	4125		
1. PLACE OF DEATH					2. USUAL RESIDENCE (\	Where deceased live		Residence before	e admissir	on)
o. COUNTY	rince Georg	70	MAI	RYLAND	a. STATE Md.		b. COUNTY Prince	George	e	
b. CITY OR TOWN	(If outside corporate lim		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	itside corparate lim				
	nd give nearest town) Cheverly		DC		Chane	l Height	S	16-	/	
	ITAL OR INSTITUTION (If	nat in haspital,		A	d. STREET ADDRESS		<u> </u>		e. IS RESII	DENCE
Princ	e George Ge	eneral I	Mospital		625 57th	Ave.			ON A F.	NO 🚽
3. NAME OF		First	Middle		Last	4. DATE	Manth	Day	Ye	ar
DECEASED (Type ar print)	Tr	ioma s	Eugene		Beavers	OF DEATH	3	1	9 19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8	. DATE OF BIRTH	9. AGE	(In years IF	UNDER 1 YEAR	IF UNDER	R 24 HRS. Min.
M	W	WIDOWED	DIVORC	ED 🔲	24 Feb.,	1872 94	birthday) Mo	illiis Duys	nauis	Min.
IDo. USUAL OCCUPATIO	ON (Give kind af wark dan	e 1Db. K	IND OF BUSINESS OR		11. BIRTHPLACE (State			12. CITIZEN OF		
during thast of workin	ng life even if retired)	5 /	MUSTRY ROA	1)	VIRGII	WIA		COUNTRY?	5	
13. FATHER'S NAME	1		-		14. MOTHER'S MAIDEN I	NAME			_	
JAM	115 BE	7V6R	5		MARY	NX	Address	64		
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Address	62.	557	NAVE
(Yes, na, ar unknown	(If yes give war ar dates	of service)	NONE	1	VERETT C	7 B/	11/FAS S	R. CAO	170L	Here
18 CAUSE OF	DEATH (Enter anly one of			-				INT	ERVAL BET	
PART I. DE	ATH WAS CAUSED BY:		Heart fai	lure				ON	SET, AND D	DEATH
420	IMMEDIATE CAUS	E (a)						1.5		
/	ry, which gave)	(b)	Arterios	clero	tic heart d	isease		111	nknor	(aTr)
rise ta immedia		IE TO		0.70,10	VIO HOGI V U				161111	
stating the und	eriying couse	(c)								
PART II. OTHER	SIGNIFICANT CONDITIONS		TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN F	PART 1(a)	19.	WAS AUT	OPSY
NOIL							. ,	Y	PERFORM ES	NO G
20a. EXTERNAL O	CAUSE WAS	20b. D	SCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Part I ar Part II of	item 18.)		<u> </u>	00
PRIMARY Or C	ONTRIBUTING				,					
=	JURY Month, Day, Year	20d.	NJURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm	n. 2Df. (City	or town)	(Caunty)		(State)
Haur o	o.m.	While	Nat While		rry, street, office bldg., etc.		*			
	2.171.	J UI WO		shoup ho	d an Autapsy,	Inspection C	, Inquiry	T and	in my	oninion
	•	ral lauses 5	/ /						штиу	opinion
death resu	Ited from: Natu	rai couses	ci, Accident], 3010		EXAMINER	rmined mann	ei [_]		
ACTUAL	1/2	Van M	2 Kor	P		DICAL EXAMINER	1	2	22. DATE	SIGNED
SIGNATURE	100	1mg/	270-01		M.D.			2	00 1	,
EXAMINER'S NAME (Type)	John F	lehoe, l	A.D., Rive	rdale	Md DEPUTY MEDICA	t, city, tawn, ar cau	inty)	3-1	20-66	5
23a. BURIAL, CREMAT			23c. NAME OF CEA				N (City ar Town)	/ (County)) (5	State)
SEMOVAL (Speci	1) 18-2	3-66	FAIR	FAY		Application .	FAX.	UA.		
24. FUNERAL DIRECT		- 1	ADDRESS	15		D BY REGISTRAR		RAR'S SIGNATUR	₹E	
WWCA		517 11	IN STSE	WAS	H.DC DAMAE	2 9 8 100	a och	mela. O.	148	-

ocharles

VR A15ME (5) 6M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04126 DIVISION 04136

a. COUNTY		2. USUAL RESIDENC	E (Where deceased		n: Residence bet	fore admission)
Prince George's	MARYLAND	a. STATE Marylar			e George	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporat	e ilmits, write RU	RAL and give n	earest town)
Cheverly	2 days	6107 Rt	atan St.		16-	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS			8. 15	RESIDENCE
Prince George's General	l Hospital	Berwyn	Heights,			N A FARM?
3. NAME DF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Year
	Johanna	Belensky	DEATH	March	3	19 66
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF UNI birthday) Month	DER I YEAR IF L	
Female white WIDOWE	DIVORCED DIVORCED	June 20, 18		yrs.	hs Days H	ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or fo		COUNTRY?	WHAT
Housewife	INDUSTRY	Slova	lein		USA	
13. FATHER'S NAME		14. MOTHER'S MAID			UUA	
Wishand Oshasi		A	03			
Michael Sebesi 15. WAS DECEASED EVER IN U.S., ARMED FORCES? 16	5. SOCIAL SECURITYNO. 17.	INFORMANT	Simian	Address		
(Yes, no, or unkown) (If yes give war or dates of service)	. SOUTHE SECONTITION 17.	IN DUMAIN.		Addiess		
	Ir	cene E. Hil	ln #2 a	bove.		
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	1/	1.1		INTERVA	AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PITTE MUS	Enough .	11 Va	set My	1 2000	814
11 2 4 .	1 mje	0 1	11/1	1		
Conditions, If any, which	Letenir I &	antile la	Loant	Viselto	1 -	>
gave rise to immediate	0,0,000	erout 1	COU	July 1	-	
cause (a), stating the DUE TO						
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	CULTING TO DESTU DUT NOT BELL	TED TO THE TEDMENAL P	LOFECT CONDITIO	N CIVEN IN DADT	I(a) 119. W/	AS AUTOPSY
PART II. O'HER SIGNIFICANT CONDITIONS CONTRIL	SUTING TO DEATH BUT NOT KELF	ATED TO THE TERMINAL L	DISEASE CONDITIO	IN GIVEN IN PART I	PE	RFORMED?
75					YES	NO KX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 202. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I	or Part II of Item	18.)	
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm. 20f. (City	or town)	(County)	(State)
Hour a.m. While	e Not While facto	ry, street, office bldg., e	tc.)			
∑ 19 at wo	ork at work			- 11		
21. certify/that (I) (this/hospital) atten		3-1-66,1			9, that	
saw the deceased alive on 3-3-	, and that	t death occurred at	2 PM, from the			
22a. SIGNATURE	, / , / ~	ATTENDING			DATE SIGNE	D
MAX VII RAMAA	TAM/ M.E			TAFF 3	March.	1966
22c. PHYSICIAN'S		22d. ADDRESS				
NAME (Type) William C. We	eintraub, M.D.	Prof. Blo	lg. Cente	rway. Gre	enbelt.	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER			ON (City, town or		(State)
REMOVAL (Specify) Burial 3-7-66	Cathedra	1	Ser	anton.	Penna.	
24. FUNERAL DIRECTOR	ON ADDRESS	25a. REC	D'D BY REGISTRA		RAR'S SIGNATU	IRE
Jas.T.Ryan, Inc. 94.7	317 Pa.Ave.	SE DO BALLAR	7 196	of golia,	eles Jus	42

A15 (4) M 1/65 VR A

LOSSE ST. ST. SET ST. . The motion Villa down the state of redits write es 20 min single 20 1832 73 min

Olding C. Seinten, K.D. - Prof. Cide. Casternay, Preschelt, Bd.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please carbove carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any event, within 72 hours after death

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

0413	7		CERTIFICA	TE OF DEATH			n₹158
o. COUNTY Prince	e Georges		MARYLAND	o. STATE D.	(Where deceosed lived, i	f institution: Resider b. COUNTY	nce before admission)
b. CITY OR TOWN write RURAL at Glenn Da	(If autside carparate limited give nearest tawn) 11e (rural)		LENGTH OF STAY IN 15 yrs., 11 m	Washingto	outside carparote limits, i	write RURAL ond giv	7-3
	TAL OR INSTITUTION (If n		treet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	le Hospita				tic St. S.		YES NO
3. NAME OF DECEASED		irst	Middle	Lost	4. DATE OF	Manth	Day Year
(Type or print) S. SEX	6. COLOR OR RACE	lie	James	Bender 1 8. DATE OF BIRTH	9. AGE (In	March years IF UNDER	19 19 66 1 YEAR IF UNDER 24 HRS.
Male	Negro		PATALED DIVORCED	6/15/1934	last birt 31	thdoy) Months yrs.	Doys Haurs Min.
10a. USUAL OCCUPATIO during mast of workin Labore			F BUSINESS OR RY AIT COn- ion Co. D		y & Stote, or fareign count		TIZEN OF WHAT DUNTRY? USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
Willie I	MacMillan			Lizzie Ber	nder	NE DEST	
1S. WAS DECEASED EV (Yes, na, ar unknawn)	/ER IN U.S. ARMED FORCES? (If γes give war or dotes	Ol zelaice)	SECURITY NO 40/	7. INFORMANT Decedent		Address	
18. CAUSE OF I	DEATH (Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE	use nor line for (a)	(b) and (c))	tis of right	kidney wit	h renal	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if an	γ, which gave	(b) Status	post bilat	eral uretero	-ileostomy		12 days
	orise to immediate cause (o), Stating the underlying cause of the control of the control of the cause (o), Stating the underlying cause of the control of the control of the cause of the c						
PART II. OTHER S	stomy with	CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO.	INDITION GIVEN IN PART	emote.	19. WAS AUTOPSY PERFORMED? YES X NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIE	E HOW INJURY OCCURR	RED. (Enter noture of injury in	Port I or Port II af iten	n 18.)	1-XP-14
윤 Haur a		While	Nat While	PLACE OF INJURY (Hame, far factory, street, affice bldg., etc			unty) (Stote)
21. I cert	t ify that (t) (this ha decepsed alive an	spital) attended arch 19	the deceased fran 19_ 66 , and	h March 28 , , that death accurred d	10.62 , to Mar M, from	ch 19, 19 causes and an t	66 that \$\$) (we) last he date stated above
	UME V	Min		M.D. PHYS.	DIRECTOR PH	YS. 3/19	ATE SIGNED 9/66
22c. PHYSICIAN NAME (Typ	-1	ss, M. D.		Glenn Da	Glenn Dale Le, Marylan		
230. BURIAD CREMAT REMOVAL (Specific	ION, 23b, DATE THE	8-66 A	OCMETERY	or CREMATORY PK.	23d. LOCATION (C	ity or Town)	(County) (Stote)
24. FUNERAL DIRECT	OR ZETIN	Jurae 41	2-HSt	250'. REC	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE

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direct James Labour Service

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March 28, 157 Ch 25 Ch march 28, 152 Ch 157 Ch 2 Ch march 28 Ch 25 Ch 25

P. chrostony With Manh In They bromen at Leas; cystotions, venous.

ape leies, M. H.

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of S	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
84138	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	0412

1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Reason a. STATE Maryland b. CDUNTY rin	esidence before admission) ace George is
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Cheverly, Md D & A	Cheverly, Md.	16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Prince George's General Hospital	3002 63rd avenue,.	YES NO 3
3. NAME OF First Middle DECEASED To a sub-in a	Last 4. DATE Month	Day Year
(Type or print) Josephine Ben	esn DEATH March 26	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IF UNDER	
female white WIDOWED DIVORCED	Aug 29, 1892 73 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) 12. Cl Vew York	TIZEN OF WHAT
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
Michael Callagy	Anna Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
no 578 30 6012 Jo	seph Benesh Cheverly, N	ld.
18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure		minutes
4200 DUE TO		
Conditions, If any, which) (b) Arterioscleratic	hand diana	unknown
gave rise to immediate	meart orzease	tui:diOwii
underlying source lead		SWILL BEST
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
		PERFORMED?
Metastatic carcinoma of breast - ov 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	PRED /Friter nuture of injury in Part I or Part II of Item 18) IES WO X
E PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA facto work not while at work at work	CE OF INJURY (Home, farm, 2Df. (City or town) (Courry, street, office bidg., etc.)	inty) (State)
Hour a.m. p.m. 19 While Not While at work	7, 34, 664, 61106 2108, 640.	
21. I certify that I took charge of the remains described above, hel	id an Autopsy , Inspection	and in my opinion
death resulted from: Natural causes Accident, Sui	icide, Homicide, Undetermined manner	
$\Lambda / N / \Lambda$	CHIEF MEDICAL EXAMINER	
SIGNATURE OF LETT	M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER 🔀	//
Riverdale, Md		3-28-66
238. BURIAL, CREMATION 35b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Man 30 1066 Grove Chunch		
Burial Par 30, 1300 drove Shurch		lew Jersey
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
F. Gasch's Sons Hyattsville, M	id. DATELAD O O SOCO Meland	2000
	MAN 20 1300 /	To grange

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FOR STATE HEALTH DEPT.

the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Deportment of hours after death. 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Heolth or its designated agent, prior to burial, cremotian, or remaval, and in any event

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If VR A15ME (5) MARYLAND STATE DEPARTMENT OF HEALTH

MARILAND STATE DETAIL	KIMENI OI HEALIH	
of STATISTICAL RESEARCH AND RECORDS, 301 W	. PRESTON STREET, BALTIMORE, MARYLAND	21201
MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH	04130

	0.810		MEDICI	TE EMPIRITE	10	CERTIFICATE O	I DEC	****		O TI	011
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere dece			e before a	dmission)
	a. COUNTY Pri	nce George !	5	MARYLAN	ND D	o. SIATE Maryland		b. S	rince (eorge	18
	b. CITY OR TOWN (I	f autside corparate limits, give nearest tawn)	C.	LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If ou	tside carpo	arate limits, write	RURAL and give	nearest to	wn) -
	Chever			2 hrs 35 n	nin	Hyattsvil	Lle			16	.1
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not i				d. STREET ADORESS				e. I.	S RESIDENCE ON A FARM?
	Prince	George Gene	ral Hos	pital		2510 Queen	Cha	pel Rd.	Apt 10)3 YES	
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Α.	Manth	Day	Year
	(Type or print)	James	Be:	rnard	_	Benney	DEAT		3	21	19 66
5.	SEX	6. COLOR OR RACE 7	. MARRIED 🔀	NEVER MARRIED [□ ⁸	. DATE OF BIRTH		AGE (In year lost birthday			UNDER 24 HRS.
M	ale	White	WIDOWED	DIVORCED [10-15-1889		76 yr	s.		
100	. USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (State	or foreign	country)	12. (17	IZEN OF W	HAT
uui	ing most of working Wash . I	erm. RR	Ret	Gired		Centrev	ille	, Md.	Ť	INTRY?	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N					
	George	E. Benney				Dora Hu	mmer	1			
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5001	AL SECURITY NO.		NFORMANT			ddress		
(1	es, no of unknown)	(If yes give war ar dates af s	ervice)		Mr	s. Clara	E. E	Benney	(above	add	ress)
	18. CAUSE OF DE	ATH (Enter only one couse	per line for (a),	(b), and (c).)			(1)	Vife)			AL BETWEEN
	PART I. DEAT	H WAS CAUSEO BY: IMMEDIATE CAUSE (a)	Gun sh	not wound	of	chest				ONZEI	AND DEATH
	976										
	Conditions, if any,										
	rise to immediat										
	lost.	(c)									
_	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO D	EATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON	IOITION GI	VEN IN PART 1(o)	19. WA	AS AUTOPSY RFORMED?
ATIO										YES	
MEDICAL CERTIFICATION	20o. EXTERNAL CA		20b. OESCRI	BE HOW INJURY OCCU	RRED. (Enter noture of injury in I	Port I or P	art II af item 18.)		
(FR)	PRIMARY (X) or CO! CAUSE OF DEATH.	ITRIBUTING L.I	Shot	self at h	ome						
CAL		RY Month, Day, Year			e. PLAC	E OF INJURY (Hame, farm		(City or town	i) (Cou	inty)	(State)
MED	1:35pm p.n	3-21- 1966	While at wark	Not While B	facto	ry, street, affice bldg., etc.)	0 5	ame as f	42		
		that I took charge		s described above	e hel	d an Autansy			nquiry x	and in	my opinion
	death result		aguses .	Accident .		de 🔀 Homicide		Undetermined	1 / 1]	,
		1 //	V			CHIEF MEDICAL		_		•	
	ACTUAL SIGNATURE	ach	110	the same		_M.D. ASSISTANT MEDI	ICAL EXAM	INER .		22.	DATE SIGNED
	EXAMINER'S	Mila	/			DEPUTY MEDICA	L EXAMIN	ER 🔀			
	NAME (Type)	John Kehoe,	M.D. I	Riverdale,	Md	 Address (Street) 	_			3-22	2-66
23	BURIAL, CREMATI	N, 23b. DATE THERE		3c. NAME OF CEMETER	Y OR C	REMATORY	23d.	LOCATION (City o	r Tawn)	(County)	(Stote)
	Burial Burial	3/25/6	6 (centrevi:	lle			ntrevi			
2	4. FUNERAL OIRECTO			ADORESS TO T	294	nier, 250 REC'D	BY REGIS		. REGISTRAR'S SI		
	Funera	Nalley's 1 Home Inc		Mary land	1	nier, OAMAR	28	1966	Clearl	en Ju	de

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and consistiv filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove farred papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

04149

DIVISION OF S

	MARYLAND ST	TATE DEPAR	TMENT OF	HEALTH		
TATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET,	BALTIMORE 1	, MARYLAND
	CERT	IFICATE O	F DEATH		1	4131

1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY					
	Prince Georges MARYLANO			ce Georges			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO C. LENGTH OF STAY IN 1b		and Prin outside corporate limits, write R	URAL end give nearest town)			
	East Pines	East I	Pines	16-1			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?			
	5408 Newby Ave	5404 Net	wyb Ave	YES NOTES			
3.	NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year			
		OYD	DEATH March	2 19 66			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. OATE OF BIRTH	last birthday) Mon	NOER 1 YEAR FUNDER 24 HRS. ths Oeys Hours Min.			
	Female Cauc. WIDOWED DIVORCED	Apr 23. 189	96 69 yrs.				
10a dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Housewife FATHER'S NAME	Geo	rgia	USA			
13.	FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME				
	Andrew Angus MacDnnis	Susan I	Harrison				
15		. INFORMANT	Address				
		Mrs Olivia	Andres Sa	me as #2d			
=		115 UIIVIA	Allules pa	I INTERVAL BETWEEN			
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcir	noma					
	157X DUE TO						
	Conditions If any which	f the noneman					
	gave rise to immediate	Line pandrea	1.5				
	cause (a), stating the OUE TO						
_	underlying cause last. (c)						
10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART	T1(a) 19. WAS AUTOPSY PERFORMED?			
CAI				YES NO X			
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCOR CONTRIBUTING CAUSE OF DEATH	CURRED. (Enter nature o	f injury in Part I or Part II of Ite	om 18.)			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PL	LACE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)			
D10	Hour a.m. While - Not While - fact	tory, street, office bldg., e	etc.)				
ME	p.m. 19 at work at work						
	21. I certify that (I) (this hospital) attended the deceased from	2-28-66 1	9, to3_2_66,	19, that (I) (we) last			
	saw the deceased alive on 2 2 66 19 0, and the	at death occurred at.	Mafrom the causes and	on the date stated above.			
	22a. SIGNATURE			b. DATE SIGNED			
	John Notes M	I.O. PHYS.	MED. STAFF PHYS. M	ar 2. 1966			
	22c. PHYSICIAN'S	22d. ADDRESS					
	NAME (Type) John Kehoe, M.D.	Riverda	le. Md.				
238		RY OR CREMATORY	1 23d. LOCATION (City, town	or county) (State)			
1	REMOVAL (Specify)						
0.5	Burial Mar 7, 1966 Arlington N	vational	C'O BY REGISTRAR 25b. REGIS	irginia TRAR'S SIGNATURE			
24	. FUNERAL DIRECTOR ADORESS	25a. KE	0.007	A A			
L	ee Funeral Home, 4th and Mass NF.	Wash DAVEAK	14 1966 galia	res Judge			

D. C

VR A15 (4) 15M 4-64

TOTAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0414		. 4	CERTIF	FICATI	E OF DEAT	Н	1	14132
1. PLACE OF DEATH	George's		MAI	RYLAND	2. USUAL RESIDE a. STATE Marvlai		b. COUNTY Prince Ge	esidence before admission)
b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF ST					and give nearest town)
		/n)	2 3200		Tandow	0.00		11 1
d. NAME OF HO	TY SPITAL OR INSTITUTION	N (if not in h	3 days	addrocc)	d. STREET ADDRES			e. IS RESIDENCE
								ON A FARM?
	George's	General	Hospital		4610 W	hitfield Cha	apel Rd.	YES ND
3. NAME OF DECEASED (Type or print)	Vir	rst ginia	Middle Marv		Last Brewer	4. DATE OF DEATH	Month March	Day Year 17 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED X 8	B. DATE OF BIRTH	9. AGE (II	years IF UNDER	1 YEAR IF UNDER 24 HRS
Female	white	WIDOWED	DIVORO	ED 🔲			yrs. 8	Days Hours Min.
during most of work	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS (NDUSTRY	OR	11. BIRTHPLACE	(County & State, or foreig	n country) 12. Cl	TIZEN OF WHAT
none		,	one		Prince G	eorge Md		S A
13. FATHER'S NAM	E				14. MOTHER'S MA	eorge, Md.	- U	. D. A.
Harvey	O. Brewer					L. Donalds	ion	
15. WAS DECEASED	O. Brewer	RCES? 16.	SOCIAL SECURITY	NO. 17.	INFORMANT		Address	
no, or unkown)	(If yes give war or dates o			TTO	O D			T3-41
	DEATH [Enter only on		one		rvey O. b	rewer San	ne as #4	Father
	EATH WAS CAUSED BY	1/	. / -					ONSET AND DEATH
PART I. DE	IMMEDIATE CAUSE	(a) D)	honehopn	lumi	onua			
Conditions, if		to Con	ter Venti	Ricul	ar pepta	l Defect		
gave rise to cause (a), si underlying caus	tating the DUE		Mongo lis	m		0		
PART II. OTHER S 2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	SIGNIFICANT CONDITIO		ITING TO DEATH BU	TNOTRELA	TED TO THE TERMINA	L DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
E 2D2 ACCIDENT	WAS UNDERLYING	1.20h I	CECOURT HOW IN	IIIDV OCCIII	DDCD (Cator noture	of Injury in Part I or I	art II of Itam 10	YES XX NO
	NG CAUSE OF DEA	TH	DESCRIBE HOW IN	JURY OCCU	KKED, (Eiller lialure	or mjury m Part i or i	art ii of item 10.	
2Dc. TIME OF Hour a.m		Year 2Dd. II While at work	NJURY OCCURRED Not While		CE OF INJURY (Home, ry, street, office bidg.,		town) (Cou	nty) (State)
21. I certif	y that (IX (this hos	oital) attende	ed the deceased					6, that *() (we) last
saw the dec	ceased alive on	March	17/19 66	and that	death occurred at	1:32 M, from the	causes and on th	ne date stated above.
22a. SIGNATUI	RE	11801	d	M.D.	ATTENDING PHYS.	MED: STAF	F - 1 2.	ATE SIGNED
22c. PHYSICIA NAME (T)	(N'S Ben	Upredo	ALVARA	do	6201 K	0 .	ed, Md	BASSE.
23a. BURIAL, CREM		THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or cou	inty) (State)
Burial (Spe	3/19/	66	Ft. Li	incoln		Colmar	Manor	Md
24. FUNERAL DIRE	CTOR		ADDRESS		25a. R	Colmar EC'D BY REGISTRAR	25b. REGISTRAR'	S SIGNATURE
Francis C	lagable Co.	IJ	++a==11a	144	0.4//	P 9 1 1000	Ochand	a Dulso

VR AI5 (4) 2DM 1/65

Lone March

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	Landover	aynb E	virraveno
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VI donah	2010/26	d. s.ry	1. m2.V
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venue si un comag	terrer . I ver a	£1 1	
R(d) 68 F2 morest	ingrob 15 of 18		
		the state of	

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) (20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0.45			OFICE	UAIL	. VI DEAIII		OE100
	PLACE DF DEAT a. CDUNTY	Н				2. USUAL RESIDENCI	E (Where deceased lived, If Institu	ition: Residence before admission)
	Prince (People !		MARY	LAND	Maryland		o George !s
	b. CITY OR TOW	VN (if outside corporate lii and give nearest town)	nits, c.	LENGTH OF STAT			outside corporate limits, write	RURAL and give nearest town)
	Cheverly	7		12 hr. 48	min	. Holly Pa	ark	16-1
	d. NAME OF HO	SPITAL OR INSTITUTION (in	not in hosp	Ital, give street a	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		George's Gener	ral Hos			1202 69t		YES NO X
	NAME DF DECEASED	First	V-1	Middle	-	Last	4. DATE Month	Day Year
	(Type or print)	Baby		Girl		Britt	DEATH March	15 19 66
5.	SEX		MARRIED	NEVER MARRIE	D 🔀 8	. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
10-	Female	1 0	IDOWED	DIVORCE		March 15, 19	966 yrs.	12 48
durl	Ing most of work	TION (Give kind of work done king life, even if retired)	INDU	DF BUSINESS OR ISTRY	₹			12. CITIZEN OF WHAT COUNTRY?
	none				4		ge's, Maryland	USA
13.	FATHER'S NAM	-				14. MOTHER'S MAIOE		11-7111
Leon Thomas Britt Barbara Ann McClurki								
15. (Yes	s, no, or unkown)	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	S? 16. SO(CIAL SECURITY NO). 17.	INFORMANT	Address	
	no	400 400			10	Mother	Same as a	above
1	18. CAUSE OF	DEATH [Enter only one car	ise per line	for (a), (b), and (c	:).1	+		INTERVAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY:	1	111.	11	ulu		ONSET AND DEATH
	762	IMMEDIATE CAUSE (a)_		und		+10	1 .	
	Cenditions, If	any which \	Kno	Cake l	8/	estelle	Juses	
	gave rise to	Immediate (. 7 1					
	cause (a), s	tating the DUE TO						The Total
Z	underlying caus	/ (0/-	OALER IN					
TIO	PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTION	IG TO DEATH BUT N	NOTRELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTDPSY PERFORMED?
ICA								YES NO NO
CERTIFICATION	20a. ACCIDENT DR CONTRIBUT	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	RY OCCUI	RRED. (Enter nature of	injury in Part I or Part II of it	rem 18.)
		INJURY Month, Day, Year	1 /	BY OCCUPED I	20e DI 80	E OF INJURY (Home, far	m. 20f. (City or town)	(County) (State)
MEDICAL	Hour a.r		While -	Not While		y, street, office bidg., et		(State)
ME	р.:	m. 19	at work	at work				
		fy that (1) (this hospital	attended	the deceased for	rom_M	arch 15 , 19	66 , to March 15	19_66 that (I) (we) last
			iren, H	19 66 a	and that	death occurred at1:	05 M, from the causes and	
	22a. SIGNATU	RE	· Not		44.5		DM STAFF STAFF	2b. DATE SIGNED
	22c. PHYSICIA		16	0	M.D.	PHYS. LANDRESS	THEOTON L. PHIS. X.	5-11-66
	NAME (T		do Co	locar	0		General Hospit	tal, Cheverly, Md
23a.		MATIDN, 23b. DATE THER	EOF 2	3p. NAME OF CE	EMETERY		23d. LOCATION (City, town	
	REMOVAL (SP	TIVE HOW	50	HALM	PNO	Meo. Part	Ma.	
24.				ADDRESS			BY REGISTRAR 25b AGE	STRAD'S SIGNATURE
1	mul 9	. Funoil.	.142	J. md	170	DATE	4 1 1300 L	and Judge
Name of Street,								

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Prince Scores's Semeral Hospital 1202 dath Place

THE PROPERTY WAS A STATE OF THE PARTY OF THE Joseph Margart nood

Accept 15 as Nacet 15 to March 15 mg 5

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They space remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04134

1. PLACE DF DEATH a. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. County ince Georges
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly Chev	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kent Willage
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Prince Georges General Hospital	7302 73rd Court ON A FARM?
1	Brodsky Beath March 8 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 15 Aug., 1922 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 10b. KIND OF BUSINESS OR INDUSTRY Auto Industry	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Penna. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Brodsky	Edith Katz Brodsky INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FÖRCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
Yes WW II 577-26-7950 :	Lillian C. Brodsky, Wife See 2 abov
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Belateral Mas.	Ked Dulmonary Eduna
4201 DUE TO 0	
Conditions, If any, which) therewsclero	tie Heart disease
gave rise to Immediate cause (a), stating the DUE TO	. 0 - 1 0
underlying cause last. (c) All Yor and	hat lingary.
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	YES X ND
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO SEATH BUTNOT RELATED TO	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
	1963, to march 8, 1966, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3 7 19 66, and that	t death occurred at 20AM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Hay Clarlevore M.	D. ATTENDING MED. DIRECTOR PHYS. 3-8-66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Paul Angus Devore	3415 Hamilton St. W. Hyattsville, Md.
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETER' REMOVAL (Specify)	
Burmal 11 Mar'66 Arl. Natl.	Cem. Srl. Wirginia
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Healing Tremel Henre 4217-9=	Level MAR 14 1956 Charles Judge

VR AI5 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04144	CERTIFICATI	OF DEATH		04135
1.	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE a. STATE Maryla	b. coun	titution: Residence before admission) ITY Prince George
ī	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, wr	ite RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	Prince George General NAME DF First DECEASED (Type or print)	Middle	Last	4. DATE Month	Day Year
5.	SEX 6. COLOR OF RACE 7. MARRIED WIDOWED	XX. C. C. WALLES	DATE OF BIRTH	last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a dur	. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR NDUSTRY		ounty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		Washingt 14. MOTHER'S MAIL Lillian		1 058
15 (Ye	Roy Brooks . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. is, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Addres	
	18. CAUSE DF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		forten	Kenn.	62nd Ave INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL (DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	finjury in Part I or Part II o	f Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	Not While factor	CE OF INJURY (Home, fary, street, office bldg., e		(County) (State)
	21. I certify that (I) (this hospital) attends saw the deceased alive on March 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Peter Duus,	19, and that	ATTENDING PHYS.	9 66, to March 12 :50 M, from the causes MED. P.M. STAFF DIRECTOR PHYS. D	, 19 66 that (I) (we) last and on the date stated above. 22b. DATE SIGNED 3/13/66
23a B	BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/16/66	23c. NAME OF CEMETERY Lincoln Mem	orial Ceme		d
24 S	tewart Funeral Home 4	001 Benning	1 3/1/7	15 1966 PC	EGISTRAR'S SIGNATURE

VR AI5 (4) 20M 1/65

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Mrs. Crace E. Brecks 111 82ml

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Peren Dudg. M.D. 6124 Central Ave. Capitol Sixte, Md.

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Stores Edneral Home 4001 Bonning Road, Mr. 1 1981 Mineral Day

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10212	5	Ttome	CERTIFICAT	E OF DEA	TH 166	mh	(14136
1.	PLACE OF DEA a. COUNTY				2. USUAL RESII a. STATE Maryl		e deceased lived, If in b. COU	NTY	
-		George's WN (if outside corpora	te limits.	MARYLAND 1 c. LENGTH OF STAY IN 1b			corporate limits, w	rite RURAL and a	
	write RURA	L and give nearest tow	(n)					1/	/
-	d. NAME OF H		ON (if not In I	8 days hospital, give street address)	d. STREET ADDR	ont He	ights	16.	A IS RESIDENCE
									e. IS RESIDENCE ON A FARM?
3.	NAME DE	George's Ge	rst	Middle	Last	2nd Av	enue Mont		YES NO Year
J.	DECEASED (Type or print)			MIGGIE	Brown	OF			,
5.	SEX			NEVER MARRIED	B. DATE OF BIRTH		19 AGF (In years	LIEUNDER 1 VEA	1966 R IF UNDER 24 HRS.
-	eMale	1	WIDOWED		o. ome or billing		last birthday)	Months Days	
		Negro ATION (Give kind of work			I 11 RIRTHPI ACI	F /County & S	67 yrs.	y) 12. CITIZE	N OF WHAT
dur	ing most of wo	rking life, even If retire	d) 100.	INDUSTRY	II. BIKTIIF EAC	E (County & 3	tarce, or foreign country	COUNTR	Y?
13.	FATHER'S NA	ME	CHT II		14. MOTHER'S	MAIDEN NAM	E		
		unkno	wn			Unkn	own		
15 (Ye	. WAS DECEASE	DEVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ess	
	,,								
			and A	line for (a), (b), and (c).]				INT	ERVAL BETWEEN
	PART I.	DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Ce	rebrovascula	er Accid	cut-	thrombos.	15	ISEL WAS DEVILLE
	331	DUE							
	Conditions, I	any, which	(b) #	ypertension	* Tarten	oscles	otic Vasc	varOs.	A Lander
H	gave rise to cause (a),	DATE	TD						
L	underlying ca		(c)					1000	UM SE
	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIB	UTING TO DEATH BUT NOT RELA				PART1(a) 19	. WAS AUTOPSY PERFORMED?
ICA			41	Mary Tract	fle Jes	21/01		Y	ES NO
CERTIFICATION	20a. ACCIDEN OR CONTRIBU (IF EITHER, N	T WAS UNDERLYING TING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter natu	re of injury i	n Part I or Part II	of Item 18.)	
- 1		INJURY Month, Day,		INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hom	ne. farm. 1 20	f. (City or town)	(County)	(State)
MEDICAL	Hour a	ı.m.	While	Not While factor	ry, street, office bld	g., etc.)			
Σ		o.m. 19	at wo		lamah 10		. Manah	0010 66	1
				ded the deceased from M 20 19 66, and that					
	22a. SIGNAT		00	and that	death occorred		, moin the daoses	22b. DATE S	
		Eden	inte	usen M.D	ATTENDING PHYS.	MED. DIRECTO	R PHYS.	3/21/6	6
	22c. PHYSIC NAME (1. Plan	W D	22d. ADDRES				
		EdwIII		sen, M.D.			's Genl. I		
23a	BURIAL CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (CIty, t	own or county)	(State)
24		1-2/2/	1166	ADDRESS	meno	DEC'D BY	EGISTRAR 25b. R	EGISTRAR'S SIG	NATHOE
1	2	1///	1	F/2 C	MIC W	AD 90	4.0	liante (MATURE
K	noun	- Kliwe	MANK	560) - Had	1 SYLDAME	MIL 40	1966 80	mancey &	usge

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEDTIFICATE OF DEATH

	ONE E C	OLK III IOAT	L OI DEATH		11417
1.	PLACE OF DEATH a. COUNTY				tion: Residence before admission)
	Prince George's	MARYLAND	a. STATE Maryland	b. COUNTY	as Cooperate
	b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 1b			ce George's RURAL and give nearest town)
	write RURAL and give nearest town) Cheverly	10 days			1/ 1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		Bladensbur	'g	1 - IS DECIDENCE
		ACCOUNT OF THE PARTY OF THE PAR			e. IS RESIDENCE ON A FARM?
2	Prince George's General		5504 Volta		YES NO
3.	DECEASED	Middle		DATE Month	Day Year
5.	SEX 6. COLOR OR RACE 7 MARRIED	J	8. DATE OF BIRTH	19. AGE (In years IF U	JNDER 1 YEAR IF UNDER 24 HRS
	7. MARKIED	X	o. DATE OF BIRTH	last birthday) Mo	nths Days Hours Min.
104	Female White WIDOWED	DIVORCED	6-19-04	61 yrs.	
qui	a. USUAL OCCUPATION (Give kInd of work done 10b. KI Ing most of working life, even if retired) IN	IND OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired Gov	ernment Pri	nt. D.C.		U.S. A.
13.	. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Claude M. Browm		Elizabeth	h Strahnn	
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 9 25, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT	Address	Md.
	No 21	15-44-8485 C	laude W. Brow	wm 5504 Vol	ta Ave. Blad
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c), 1	x / 1		I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	I Madhi	W. Flodding O	in a come to the	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	TITIVACIAL S. 1	100000000000000000000000000000000000000	MALLIA WALLAND	100043
	Conditions If any which	2000 10001	hand dualles		May con
D.	Conditions, If any, which gave rise to Immediate (b)	en sue ronc	news wisense		1400 7 4 600
	cause (a), stating the DUE TO				
	underlying cause last. (c)				
101	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY
CAT			19:00		PERFORMED?
TIF	20a. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury	In Part I or Part II of ite	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		UURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 2	Of. (City or town)	(County) (State)
MEDICAL	Hour a.m. While		ory, street, office bldg., etc.)	or. (orey or comin)	(ounty) (otato)
ME	p.m. 19 at work			_ /	11
	21. I certify that (I) (this hospital) attende	d the deceased from	2/20 1966	, to 5/2	19 0/2, that (1) (we) last
	saw the deceased alive on 3/2	19 6(), and tha	t death occurred at 35PM	A, from the causes and	I on the date stated above.
	22a. SIGNAPURE			22	2b. DATE SIGNED
	Medarill H. W	Alhella M.	D. PHYS. MED. DIRECT	OR PHYS.	3/2/6/
	22c. PHYSICIAN'S NAME (Type) Frederick H. V	Hilboim M.D.	22d. ADDRESS	1 0	1 1 1
	MANIE (1996) Trederick II.	ATTHETM, M.D.	6319 Luidens 1	ioud that	2/4, 1/1/1/1/1
23a		23c. NAME OF CEMETER	Y OR CREMATORY 23d	LOCATION (City, town	or county) (State)
1	Burial 3-5-66	Cedar Hill	Cemetery	Suitland,	
24		ADDRESS			TRAR'S SIGNATURE
~	and Manager II and 200	1.1. (3.1. 37	MAR 7	1966 gcl	anda Julia
	ee Funeral Home 300 4	th St. N.E.W	lash. DATE AIL	1000	- moge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. Pe TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0122			CERTIFICAT	L OI DEATH				114	138	
o. COUNTY	rince Georg	ges	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where deceosed	lived, if institut b. COU		nce befor	e odmissio	(n)
b. CITY OR TOWN	(If autside corparate lim	its,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If			RAL ond giv	e neores	t town)	
Glenn D	ale (rural))	2 yr 6 mo	Washing	ton, D.C	•		4	7.3	
d. NAME OF HOSP	PITAL OR INSTITUTION (IF	not in hospital,	give street address)	d. STREET ADDRESS					e. IS RESID ON A F.	DENCE ARM?
Glenn D	ale Hospita	1		724 Hobar	t P1., N	.W.				NO X
NAME OF		First	Middle	Last	4. DATE	Man	th	Day		
(Type ar print)	Jan	nes	William	Brown	OF DEATH	Mai	reh	30		66
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		GE (In yeors ast birthdoy)	IF UNDER Manths	1 YEAR Days	Hours	24 HRS. Min.
M	Negro	WIDOWED	DIVORCED	5/8/1874	9	1 yrs.	MUIHHS	Days	Hours	JVIIII.
	ON (Give kind of work don		KIND OF BUSINESS OR	11. 8IRTHPLACE (Cour	nty & State, or foreig	n country)	12. CI	TIZEN OF	WHAT	
ring mast af workin etired 1	ng life, even if retired)		NDUSTRY	South C	Carolina		T C	UNTRY?		
FATHER'S NAME	<u></u>			14. MOTHER'S MAIDE						
Richard	Brown		H. Brand III	Nellie	Wilson					
. WAS DECEASED E	VER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess		770	
es, no, or unknown unknow) (If yes give wor or date	s at service)	2	decede	ent					
	DEATH (Enter only one c	guse per line fo	or (a) (b) and (c))	decede	SAL G			I INT	ERVAL BET	WEEN
	ATH WAS CAUSED 8Y:	Brox	nchopneumonia					3 ON	SET AND D	EATH
002	IMMEDIATE CAUS	JE TO						1	1600	
- 0 - 1	ny, which gave)	(b)								
rise to immedia		IF TO							-	
last.	derlying couse	(c) Pulr	monary tubercul	losis				12 3	yr. 6	mo
PART II. OTHER	SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION, GIVEN I	N PART I(q)	igad	19.	WAS AUTO	
Pulmona:	ry fibrosis	chroni	mphysema; carc c pyelonephrit:	inoma oi pr	ostate;	Reneral	rzeu	У	PERFORM ES A	NO [
20a. ACCIDENT W	AS UNDERLYING		DESCRIBE HOW INJURY OCCURRED		in Part I ar Part II	af item 18.)				
OR CONTRIBUTION	IG CAUSE OF DEATH FY MEDICAL EXAMINER)									
,	JURY Month, Day, Year	204	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	orm. 20f. (6	(ity ar tawn)	(Co	unty)		(State)
Haur	o.m.	Whil	e Not While fo	ctory, street, affice bldg., e						
	y.III.	diwo	aded the desegred from	0/27	, 19. 63 , ta_	3/30		66 +	at M /	wo) la
	deceased alive an_	spirar) atter	nded the deceased fram_ /30/ 1966_, and th			rom rouses	and an t	he dat	e state	wej la
22a. SIGNATUR		11	1799 , dilu ili	ar acam accorred	ui <u>se e u u</u> giti,	1411 (40363		ATE SIGN		d d D O V
LLG. SIVINIUN	MINE	VVP.	A A N	I.D. ATTENDING D	MED. DIRECTOR	STAFF PHYS.		/30/		
22c. PHYSICIAN	I'S		"		Dale Hos					.1
NAME (Typ	e) Moe Weis	s, M.D.		Glenn	Dale Hos	pital,	Glenn	Dal	e, M	a.
. BURIAL CREMA	TION. 23b. DATE I	HEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCA	TION (City or To	wn)	(County) (5	tate)
REMOVAL Speri			Lincoln			land,			, (3	,
4. FUNERAL DIRECT	4/4/-	-, -, -,	ADDRESS	2Sa. RI	EC'D 8Y REGISTRAR		EGISTRAR'S		RE	
NEI	TO ALLA O	- 14	432- You St				liarl			-
11. 60. 1	INVINUI C	47	1011 10 100	FILL VANIL	13 14	(2)(3)	- 0	VA	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confiderely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please retrove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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	Washington, D.C.		dean Dele (rusal)
	y 2A Tobart BL., N.W.		Clemm Dele Hospital
arch 20, 66	Brown II H	me holder	no, nt
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AET	South Carollan		sandal basite
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	UKI YE			CERTIFI	CATE	OF DEATH			041	39
1.	PLACE DF DEAT a. CDUNTY	1-14.3	item /	MARY	7.410	a. STATE	(Where deceased lived, If b. CO			e admission)
	b. CITY DR TOV	N (if outside corpo and give nearest t	rate limits, own)	c. LENGTH OF STAY			itside corporate limits,		24	rest town)
_	d. NAME OF HO	SPITAL OR INSTITUT	IDN (if not in i	2 day	ddress)	Fairmon	t Hghts.		16-1	RESIDENCE
		Georges Ge				6110 2 H	St.		YES	A FARM?
3.	NAME DF DECEASED (Type or print)	Joh	First	Middle C. Br	own	Last	4. DATE MODE DF DEATH 3		Day 20 1	Year 19 66
	SEX Male	C.	WIDDWED	NEVER MARRIE DIVDRCE	D 8	3/11/86	9. ACE (In year last birthday 80 yrs.			DER 24 HRS.
1Da dui	a. USUAL OCCUPA ring most of work Garage	ting lite, even it reti	rea)	KIND DF BUSINESS OF INDUSTRY ICK Drive		Virgin	nty & State, or foreign coun	try) 12. CI	TIZEN OF WILL	A.
13	. FATHER'S NAM	AE .				14. MOTHER'S MAIDE	NAME			
		UKN				Lela Jo	hnson			
(Y	es, no, or unkown)	EVER IN U.S. ARMED (If yes give war or date		. SDCIALSECURITYNO	-	informant adys Brown	6110⅓ H		Hgts Fairm	
	18. CAUSE DF	EATH WAS CAUSED	BY: Sub	line for (a), (b), and (carachnoid h	:).]		01102 11	50.,	INTERVAL ONSET AN	BETWEEN
8	330	IMMEDIATE CAUS	E TD	-		2				
	Cenditions, If gave rise to cause (a), s	Immediate ((b) Cer	ebral Arter	1050	terosis				
	underlying cau	se last.	(c)							
CERTIFICATION	PART II. OTHER	SICNIFICANT CONDI	TIDNS CONTRIB	UTING TO DEATH BUT N	NDTRELAT	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN I	N PART 1(a)	19. WAS PERF YES XX	AUTOPSY ORMED? ND
	OR CONTRIBUT	WAS UNDERLYING ING _ CAUSE OF DI TIFY MEDICAL EXAM	ATH	DESCRIBE HOW INJU	RY DCCU	RRED. (Enter nature of li	njury in Part I or Part II	of Item 18.)		
MEDICAL	Hour a.	INJURY Month, Day m. m. 1	While	Not While	20e. PLAC factor	E DF INJURY (Home, farm y, street, office bldg., etc.	2Df. (City or town)	(Cour	nty)	(State)
		fy that (I) (this ho		ded the deceased for		arch 18 , 19 death occurred at 10				
	22a. SIGNATU		10	usen	M.D.	ATTENDING ME		22b. DA	TE SICNED	
	22c. PHYSICI NAME (T	unal	J. Jense	en, M.D.		22d. ADDRESS Prince Geo:	rge's Genl.	Hosp.	Chever	ly Md.
23a	REMDVAL (Sp	MATION, 23b. DAT	THEREOF	23c. NAME DF CE		OR CREMATORY	23d. LOCATION (City,	town or cou		(State)
24	Jurial FUNERAL DIR	3-23- Myrtle	K. Ro.	Harmony	Mem	25a. REC'E		REGISTRAR'S		
	4339	Hunt Pl.	N.E.		D.C.	MAR 2	4 1966 80	learles	Judge	2

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Edwin J. Commen. H.C. Prince Coore's Carl. Hore. Cheverly Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	4.		CERTIFICATI	C UF DEATH			114	141	
1. PLACE OF C	DEATH			2. USUAL RESIDENC	E (Where decease	d lived, If institu	ution: Residence	before ad	mission)
a. COUNTY				a STATE		b. COUNTY			
	PrinceGeorges		MARYLAND	mary	land		ince Ge		
b. CITY OR write Ri	TOWN (if outside corporate URAL and give nearest town	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		ite limits, write	RURAL and gh	e neares	t town)
1	Cheverly		7 days	Blad	ensburg		11-	-/-	
d. NAME O	F HOSPITAL OR INSTITUTION	(if not In h	ospital, give street address)	d. STREET ADDRESS				ON A F	
Prince	Georges Genera	al Hos	pital	4107		Street			NO X
3. NAME OF OECEASEO	Firs	st	Middle	Last	4. DATE OF	Month	Day	Yea	ar '
(Type or pr	rint) Raymon	d	EARL	Brown	DEATH	Marc			66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	a la	E (In years IF	UNDER 1 YEAR	Hours	Min.
Male	White	WIDOWED	DIVORCED	2-27-18	89 7	7 yrs.			1
10a. USUAL OCC	UPATION (Give kind of work d	one 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or	foreign country)	12. CITIZEN COUNTRY	OF WHAT	
Retire	working life, even if retired	CAR	NDUSTRY PENTRY	VIRG	INIA.		0.3	1	
13. FATHER'S				14. MOTHER'S MAID	EN NAME				
UN	KNOWN			UNKNOU	UN		Total P		
15. WAS DECEA	ASED EVER IN U.S. ARMED FOR own) (If yes give war or dates of	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT INFORMANT	BROWN	SAME	+ 2A =	±2	_
I 18. CAUS	E OF OEATH [Enter only one	cause per l	ine for (a), (b), and (c),]					RVAL BET	
1 1	I. DEATH WAS CAUSED BY:			7.015			ONS	ET AND I	DEATH
120	IMMEDIATE CAUSE ((a) (ANCINONA	10363					
11/	77X DUE T	0		- (N	4			71.	
Conditions	, If any, which	h) (+	ANCINONA	af V'	10574	10	0	7	2.
	to Immediate DUE						FLP CAN	/	
), stating the			V			104.2	/	
-		NS CONTRIBI	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDIT	ION GIVEN IN PA	RT 1(a) 19.	WAS AU	TOPSY
AT C	THE STUTTI TO ALL CONDITION		and a second	h	o E w			PERFOR	
12 / 1	the Bunc	UA	BOLLAR	MECIL) EW		YE	S	NO 🗌
PART II. OT 20a. ACCII OR CONTR (IF EITHER	DENT WAS UNDERLYING THE IBUTING CAUSE OF DEAT R. NOTIFY MEDICAL EXAMIN	H 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part	or Part II of I	tem 18.)		
			NJURY OCCURRED 20e. PLA	CE OF INITIDY (Home fo	rm 20f (CI+	y or town)	(County)	(5	State)
0	E OF INJURY Month, Day, Y r a.m.	While	Not While facto	ry, street, office bldg., e	tc.)	y or town,	(oounty)	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	p.m. 19	at wor				2 12	(.(-1 40 4	un) last
21. 10	certify that (I) (this hosp		led the deceased from	1965,1		3-/2-			
saw th	e deceased alive on	3-11	and that	death occurred a	U-AM, from				above.
22a. SiGi	NATURE		(-)	ATTENDING	MED.	STAFF -	22b. DATE SI	GNED	
	1 ser	VI) (M.D	. PHYS.	DIRECTOR .	PHYS.	3/12/	185	
	SICIANS			22d. ADDRESS	iverdale	DA D	ivendal	e Mo	d.
NAN	ME (Type) Albert 1	Rogh,	M. (D.	5409 K				-,	
	CREMATION, 23b. DATE T		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tow			tate)
BURLA	L (Specify) 15MARC	H 1966	It I Wood he	CEMETERY	13/Ans	ENGBURG.	MARYL	AND	
1.430111/	1 0 //////	11 1 100	TILAINCOLIN		10 1/4/31/1	SWP POUTO-	\ 1)\(\(\dagger\) \ -		
24. FUNERAL	7.7	10	ADDRESS /		D BY REGISTR		ISTRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02150		C	ERTIFICATE	OF DEATH			0.4	141	
1. PLACE OF DEATH o. COUNTY. Pr	rince George	28	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed liv	ed, if institution b. COUNT		ore odmission)
b. CITY OR TOWN (I	If outside corporate limits,	c. LENGTH (OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate lim	nits, write RURA	L ond give neore	est tawn)	
Glenn Da	give peorest town) le (rural)	4 mo	. 2 days	Washi	ngton, D.	.C.	47	-3	
		in hospital, give street add	lress)	d. STREET ADDRESS				e. IS RESIDE	NCE
Glenn	Dale Hospit	al		3222 M St	., S.E.			ON A FAR	
3. NAME OF	Firs	t M	iddle	Lost	4. DATE	Month	Do		
DECEASED (Type or print)	James		W.	Browne	OF DEATH	Mar	ch 12	, 19 6	56
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED 8	DATE OF BIRTH	9. AGE		IF UNDER 1 YEAR		
male	negro	WIDOWED	DIVORCED	1/14/1917	49	birthdoy) yrs.	Months Doys	Hours	Min.
	(Give kind of work done	1Db. KIND OF BUSINE	SS OR	11. BIRTHPLACE (County	& Stote, or foreign	country)	12. CITIZEN C		
Machine or		INDUSTRI		Washington	n, D. C.		USA	,	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Wilson Br	rowne				Anni	e Smith			
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECUR	TY NO. 17. IN	IFORMANT		Address			
	(If yes give wor or dotes of	579-20-	4125	deceder	nt				
I ID CAUSE OF DE	ATH (Enter only one cous	e per line for (o), (b), ond		decede	ii C		J IN	TERVAL BETW	/FFN
	TH WAS CAUSED BY:	Managere by		into brond	chial tre	90		NSET AND DE	
1992	IMMEDIATE CAUSE (10			7222032			mos.	
Conditions, if any,		b) Metastation					0	mos.	
stoting the under	rlying couse DUE 1	Carcinoma mandible	of floor	of the mou	th and r	right	1	year	
PART II. OTHER SIG		NTRIBUTING TO DEATH BUT					19	. WAS AUTOP	SY
Pulmonar	y tuberculo	sis opal						- Annual Contract of the Contr	0
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW I	NJURY OCCURRED. (I	nter noture of injury in	Port I or Port II of	item 1B.)			
20c. TIME OF INJU	10	2Dd. INJURY OCCURR While Not Who	ile focto	OF INJURY (Home, formally, street, office bldg., etc.		y or town) :	(County)	(St	tote)
21. I certif	fy that (IX (this has	oital) attended the de	ceosed from	11/10/	19_65, ta_	3/12/	, 19 <u>66</u> , t	hat 🐴) (w	e) las
220. SIGNATURE	eceosed diffe on	1	oo , and mai	dedili decolled di	2 12 Ja III, 110	iii caoses a	22b. DATE SIG		above.
	Mire	Wen	M.D	11113.	MED. DIRECTOR	STAFF PHYS.	3/12/		
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS Glenn Dal	e Hospit	al, Gle	nn Dale	, Md.	
23o. BURIAN CREMATIO REMOVAL (Specify)	ON. 23b. DATE THE	REOF 23c. NAME	of cemetery or comony Men	rematory norial Pa:		N (City or Town		y) (Sto	ite)
24. FUNERAL DIRECTO	pt ·		RESS		D BY REGISTRAR	2Sb REG	STRAR'S SIGNATI	IRE udge	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corpor papers. Pages 1 and should be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours ofter death

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1 3 1 0 L		OLKIII IOATI	O DEATH	•		0	- 1 X / J	ė ,
1.	PLACE OF DEAT a. COUNTY	Prince George	s	2. USUAL RESIDEN	CE (Where dec	eased lived, If ins b. COUN		ice before ad	mission)
-	b. CITY OR TOW	(N (if outside corporate limits and give nearest town)	WALL DATE	c. CITY OR TOWN (II		orate limits, wr	ite RURAL and	give neares	t town)
	write RURAL	and give nearest town) Cheverly		De			- Am	0 - 3	
	d. NAME OF HO		t in hospital, give street address)	d. STREET ADDRESS	chester	<u> </u>		e. IS RESI ON A F	OENCE ARM?
		eorges General	Heepital	3	Belton	Street			NO 🔼
3.	NAME OF DECEASEO (Type or print)	First	Middle	Last	4. OATE OF OEATH	Month		y Yea	66
5.	SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIEO 8	Buckley B. OATE OF BIRTH	9.	AGE (In years		RIFUNDER	24 HRS.
	W-l-	wind	OWEO OIVORCEO	06 7	1010		Months Oays	Hours	Min.
10a	Male a. USUAL OCCUPAT Ing most of work	MILLE	LOB. KINO OF BUSINESS OR INDUSTRY	26 Jan 11. BIRTHPLACE (C		HANDING TO SEE	COUNT	RY?	
F	ACTORY FO	preman		Massa 14. MOTHER'S MAI	achuset	tts	US	A	
13									
15		harles H Buck		INFORMANT	M Bake	Addres	e		
(Ÿ	es, no, or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)	025 09 5336 Cha	arles H. Bu	ackley			ndian	a
	18. CAUSE OF	OEATH [Enter only one cause	per line for (a), (b), and (c).]	1/14	O A	/	/ IN	TERVAL BET	WEEN
	PART I. O	EATH WAS CAUSED BY:	Just 1 tional 1	4apalic	CIrr.	hosis	= Assile	SET AND C)EATH
	2980	DUE TO	77 //	1/1/					
	Conditions, If		550 phajed	1 Vari	cas				
18	gave rise to cause (a), s	Immediate (01// / 1000	1.1 1		/,			
	underlying caus		>prenomega	1 + 10	aund	100			
CERTIFICATION	PART II. OTHER		TREBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL	OISEASE CON	DITION GIVEN IN		PERFOR	TOPSY MEO? NO
F	20a. ACCIDENT	WAS UNDERLYING 2	Ob. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature o	f Injury in Pa	rt I or Part II o	f Item 18.)		
S	OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)							
CAL	20c. TIME OF	INJURY Month, Oay, Year	20d. INJURY OCCURREO 20e. PLAC	CE OF INJURY (Home, f	arm, 20f. (City or town)	(County)	(S	tate)
MEDICAL	Hour a.i		While Not While Tactor	ry, street, office bidg., e	3(C.)				
2			ttended the deceased from	2/27 .1	1966 to_	3/12	, 1966,	that (I) (w	(e) last
		ceased alive on	3/12 19 66, and that	death occurred at5	30MMfrc	m the causes			
	22a. SIGNATU						22b. OATE S	SIGNEO	
	N.	1 amnah	M.O.		OIRECTOR	STAFF PHYS.	3-1	2-11	
	22c. PHYSICIA NAME (T		dr	22d. AOORESS	pital s	staff Ch	neverly	Md	•
23	BURIAL, CREM	MATION, 23b. OATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	own or county)	(St	ate)
T	ransport	ation Mar 13,	1966 Mulry Fun	eral Home	Bo	ston Ma	ssachus	etts	
24			AOORESS	0 00 25a. RE	C'O BY REGIS	TRAR 25b. RI	EGISTRAR'S SI	NATURE	
		J. Sasch	Sony buat	Gulla MORTE AF	? 15 15	255 80	leageley !	udge.	

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d. NAME OF HO

	EPARTMENT OF HEALTH
CERTIFICAL CERTIFICAL	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH
ATH Le Geinges MARYLAND VN (if outside corporaté limits, c. LENGTH OF STAY IN 16 And give nearest town) The Physical Reports The P	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY PAINUE GENALS c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) EAST I UER LALE
DSPITAL OR INSTITUTION (if not in hospital, give street eddress) M D U L AN (E	d. STREET ADDRESS 6125-58Th AVE o. IS RESIDENCE ON A FARM? YES NO PL
CANL PETRO	BUTLER DEATH MANCH 28 1966
6. COLOR OR RACE 7. MARRIED HEVER MARRIED B. WIDOWED DIVORCED	DATE OF BIRTH 3 2 9 1910 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
PATION (Give kind of work of work of working life, even if retired) ANAY CE 13 NIGGS CO.	SEAT LEASANT ML 12. CITIZEN OF WHAT COUNTRY?
dro Buther BARIGALUP	14. MOTHER'S MAIDEN NAME 1 MABEL MICHAR LSON
A Life Control of the	WORMANT Address UIFE SOME
PEATH [Enter only one cause per line for (a), (b), and (c).] EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONONA AI	Thuombosis Acute phus
Ol DUETO ANTENIOSCLE	NOTE HEART DISEASE (MOS

NAME OF DECEASED (Typa or print) 5. SEX 10a. USUAL OCCL done during most o MAINT 13. FATHER'S NAM 1S. WAS DECEASE (Yas, no, or unkows 0 18. CAUSE C PART I. D Conditions, if any, which gave rise to immadiate causa DUE TO (a), stating the underlying (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED | (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from.... from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNATURE ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Ft. Lincoln Md. 4/1/66 Colmar Manor. Burial ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

Francis Gasch's Sons Hyattsville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04158			CERTIFICAT	TE OF DEATH				04	14	4
	PLACE OF DEATH D. COUNTY Prince	e Georges		MARYLAND	2. USUAL RESIDENCE o. STATE D. C		eased lived, if institu b. COU		nce befor	e odmissi	on)
b	o. CITY OR TOWN (If ou write RURAL and give	tside corporate limits.		LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o		orote limits, write RU	IRAL and giv	e neares	t tawn)	V
Glenn Dale (rural) 5 mos., 2 dys. Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Glenn Dale Hospital 3. NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) Henry N. Butler DEATH March 6										e. IS RESI ON A F	
3. N	NAME OF			Middle		4. DATI		th	Doy	YES Ye	NO 3c
		Henr	У	N.	Butler		TH Marc	h	6	19	66
S. S	6. ·		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	1 YEAR Days	IF UNDE Hours	R 24 HRS. Min.
Ma	ale	Negro	WIDOWED X	DIVORCED	7/3/1918		47 yrs.	Monnis	Duys	110013	mill.
10a. durir	USUAL OCCUPATION (Giv ng mast af warking life, e Cook	e kind of work done ven if retired)	10b. KIND INDUS	OF BUSINESS OR TRY	II. BIRTHPLACE (Count			((ITIZEN OF DUNTRY? SA		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN		-				
	Henry Butle		STEELS		Ida ?				1	1	11.3
	WAS DECEASED EVER IN (s, no, or unknown) (If yo	J.S. ARMED FORCES? es give wor or dates af		IAL SECURITY NO. 17	. INFORMANT Decedent		Addr	ess	-		
	18. CAUSE OF DEATH W O O Q / Conditions, if any, whinse to immediate costating the underlyinglest.	AS CAUSED BY: IMMEDIATE CAUSE (c DUE To ch gove g couse DUE To Q couse (b	Probat	ole myocardi nary tubercu iosclerosis	al infarction	.) and	d general:	11/20	Suc	ERVAL BEI SEI AND I Iden	DEATH
	trophy		C OLE		tis; benign			er-		PERFORM PERFORM	OPSY IED? NO [
	20a. ACCIDENT WAS UNE OR CONTRIBUTING ☐ CA (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	20b. DESCR	IBE HOW INJURY OCCURRED). (Enter noture of injury in	n Port I or F	Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	19	While at wark	Nat While of at wark	LACE OF INJURY (Home, far actary, street, affice bldg., etc		. (City or town)	· (Co	unty)		(State)
	21. I certify t sow the deced	hat (‡) (this hosp sed alive on	ital) attended	the deceased fram_	10/4 nat death occurred o	195 A	, ta <u>3/6</u> M, from causes	and an t	he dat	at ≯()}: (e stated	we) la: dabovi
	22a. SIGNATURE	West L	Ven		M.D. ATTENDING D	MED. DIRECTOR	STAFF PHYS.	3/6	/66	ED	
	22c. PHYSICIAN'S NAME (Type)	foe Weiss,	M. D.				Dale Hos Maryland	pital		744	
230.	BURIAD CREMATION, REMOVAL (Specify)	23b. DATE THER 3-/2-	1966		MONY	Ze	COCATION (City or To	R. M	(County)	1/1	itate)
24.	FUNERAL DIRECTOR	4-'4)	143	1- Von Il	mu 250. REC	D BY REGI	1966 25b. R	EGISTRAR'S			

Completely filled in by the funeral oxy carbon papers. Pages I and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and directar, page 3 shauld be detached for use as the burial-transit permit. Then please remainshauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any Page 4 may be retained by the haspital or attending physician.

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EN STAGE TO THE MICHIEF THE PROPERTY OF THE PARCEL LIFE SECTION STATES .0 .6 espire Glern Dale (rusk) 1-2 0 000., 2 dec. (rusk) plat great Marky N. Market EVOLUTE TO THE TOTAL COLUMN The Republic Land College of Grand Many College of Committees And the second of the second o ban ruth, olucionally.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Signature Sign	04154		CERTIFICATE	OF DEATH		04	145	
Description Countries composed limits, write RURAL and give nearest town) Countries Countrie	a. COUNTY	ges	MARYLAND	o. STATE			are admission)	
Glenn Dale (rural) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) Glenn Dale Hospital 3. AMAR OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) Glenn Dale Hospital 2026 32nd St. S. E. YES NO NA FARM 2026 22nd St. S. E. YES NO NA FARM 2026 22nd St. S. E. YES YES NA FARM 2026 22nd St. S. E. YES	b. CITY OR TOWN (If autside corpora	te limits. C. LENGTH	OF STAY IN 1b		ide corporote limits, write RU	RAL and give neare	ast town)	
Glenn Dale Hospital 2026 32nd St. S. E. OKA FARM POECASED (Type or print) Maggie Butler Butler Butler Butler PART D PART March 9 AGE (In year Month Doy Year Month Doy Hours Female Negro WiDOWED DIVORCED 8 Ad4/1898 67 Yrs. 100. USIAL OCCUPATION (live kind of work done during most otworking life, even if retired) Domestic 13. FAIHER'S NAME Thomas Kyles 15. WAS DECASED EVER MUS. ARRED FORCES? (Type, no, or unkindown) 16. SUSIAL OCCUPATION (live kind of work done during most otworking life, even if retired) Domestic 15. FAIHER'S NAME Thomas Kyles 15. WAS DECASED EVER MUS. ARRED FORCES? (Yrs. no, or unkindown) 18. CAUSE OF DEATH (Enter only one cause probably thrombosis 19. PART I. DATH WAS CAUSED BY. 10. USIAL OCCUPATION (live sind of work done during most own or dotes of service lives, no, or unkindown) 19. PART I. DATH WAS CAUSED BY. 10. USIAL OCCUPATION (live sind of work done during most own or dotes of service lives, no, or unkindown) 10. USIAL OCCUPATION (live sind of work done during most own or dotes of service lives, no, or unkindown) 10. USIAL OCCUPATION (lives, no, or unkindown) 10. USIAL OCCUPATION (lives and or unkindown) 10. USIAL OCCUPATION (lives, no, or unkindown)	Glenn Dale (rura	1) 26 d	- 1 -			47	47 - 3	
3. NAME OF DECLASE. A DATE Maggie Dost A DATE March Day Year		, , ,	001633)		+ C F		ON A FARM?	
S. SX S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) FLINDER YEAR IF UNDER YEAR	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont		y Year	
100. USAL OCCUPATION (Give kind of work done during most of working life, even if retrieed) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CUINTER OF WHAT COUNTRY? 13. TAIHER'S NAME 14. MOITHER'S MAIDEN NAME 14. MOITHER'S MAIDEN NAME 14. MOITHER'S MAIDEN NAME 15. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for for long of the country of the count	S. SEX 6. COLOR OR R	ACE 7. MARRIED NEVE		B. DATE OF BIRTH	9. AGE (In years last birthdoy)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maggie Belt	10a. USUAL OCCUPATION (Give kind of wo	I) INDUSTRY	NESS OR	11. BIRTHPLACE (County &		COUNTRY	?	
15. WAS DECASED EVER M U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Decedent Decedent	13. FATHER'S NAME							
No	1s. WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16. SOCIAL SECU	RITY NO. 17. I		Addre	ess		
DUE TO Conditions, if ony, which gave isse to immediate couse (a), stating the underlying cause bost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PERFORMED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART I(a). PART II of item 18.) 200. ACCIDENT WAS UNDERLYING TO COURSE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING TO COURSE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. TIME OF INJURY Manth, Day, Year Hour on the date of injury in Part I or Part II of item 18.) 201. I certify that XI) (this hospitol) ottended the deceosed from 2/11 Government of injury in Part I or Part II of item 18.) 202. III CERTIFY THAT XI OF THE TERNINAL DISSON OF	No	unknown						
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State Immediate couse (a), State	Conditions, if ony, which gave) (b) Cerebral arteriosclerosis							
200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year Hour o.m. 19 20d. INJURY OCCURRED While at wark 20d. INJURY OCCURRED While at wark 20d. INJURY OCCURRED Tocknown of injury in Part I ar Part II of item 18.) 20d. (City or town) (Caunty) (State of Injury that X0) (Ithis hospitol) ottended the deceosed from 2/11 Sow the deceased olive on 3/9 21. I certify that X0) (this hospitol) ottended the deceosed from 2/11 Sow the deceased olive on 3/9 22a. SIGNATURE M.D. ATTENDING PHYS. 22d. ADDRESS Glenn Dale Hospital Glenn Dale, Maryland	stating the underlying cause lost. Out to continue to immediate couse (a), stating the underlying cause lost. Out to continue to immediate couse (a), stating the underlying cause lost.							
20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED while of work of atwark of the deceased from 2/11 6.20 EM, to 3/9, 1966, that XI) (we saw the deceased olive on 3/9 19.66, and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and that deoth occurred at M, from couses and on the date stoted of the deceased olive on 3/9 19.66 and the deceased olive	PART II. OTHER SIGNIFICANT COND Bronchopneumon phritis; oste	lions contributing to death build; arterioscle: parthritis	otic hear	HE TERMINAL DISEASE COND rt disease;	ITION GIVEN IN PART 1(a) chronic pyelo	one-		
21. I certify that XI) (this hospitol) ottended the deceosed from 2/11 6 210 BG, to 3/9 , 1966, that XI) (we sow the deceased clive on 3/9 1966, and that decth occurred at M, from couses and on the date stoted of 22a. SIGNATURE M.D. ATTENDING MED. STAFF 27b. DATE SIGNED 22b. DATE SIGNED 3/9/66 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. Clenn Dale Hospital Clenn Dale, Maryland	I UF EITHER, NUTIFY MEDICAL EXAMIN	TH	INJURY OCCURRED.	Enter noture of injury in Pa	rt I ar Part II of item 18.)			
ATTENDING MED. STAFF PHYS. DIRECTOR THE PHYS. DIRECTOR PHYS. DIREC	p.m.	19 While Not W	/hile ark facto	ary, street, affice bldg., etc.)			(State)	
ATTENDING MED. STAFF PHYS. DIRECTOR THE PHYS. DIRECTOR PHYS. DIREC	sow the deceased olive	is hospitol) ottended the dom3/919	eceosed from 0 <u>66</u> , and that	deoth occurred at_	M, from couses	and on the do	ate stoted obove	
NAME (Type) Moe Weiss, M. D. Glenn Dale, Maryland	VU	· Wen		D. PHYS. D	RECTOR STAFF PHYS.	3/9/66		
23a. BURIAL REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State	NAME (Type) Moe W	eiss, M. D.		91		oital		
Burial () 3/16/66 Woodlawn Cemetery Washington, D.C.	School I (Consider)			emetery	Washington	n, D.C.		
24. FUNERAL DIRECTOR, John House Hool BENNING Rd DATE AR 1 1956 PEGISTRAR'S SIGNATURE JURGE	24. FUNERAL DIRECTOR	n / bleed	DRESS /	2Sa REC'D	REGISTRAR 25b. RI	EGISTRAR'S SIGNATI		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. completely filled in by the funeral power can papers. Pages 1 and 2 event, within 72 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completed director, page 3 shauld be detached far use as the burial-transit permit. Then please removed should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any even Page 4 may be retained by the haspital ar attending physician.

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TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 that be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 thours after death.

MADVI AND STATE DEDADTMENT OF HEALTH

	MARILAND SIAIL DEFARIMENT OF THE	
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIA	MORE 1, MARYLAND
02155	CERTIFICATE OF DEATH	04146

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Prince G	eorge	MARYLAND		STATE B. COUNTY Prince George			
b. CITY OR TOWN (if outside corpo write RURAL end give nearest t	orate limits,	c. LENGTH OF STAY IN 18			te RURAL end give naerest town)		
Hyattsville		College	Park	16-1			
d. NAME OF HOSPITAL OR INSTIT	UTION (if not in hos	pital, give straet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
Carroll Manor N	0		9104 Drake		YES NO K		
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Dey Year		
(Tune or mint)	NNIE	E. C	AMPBELL	DEATH 3	8 1966		
5. SEX 6. COLOR C	OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.		
Female Whit			Dec. 6, 188	80 85 yrs.	Months Days Hours Min.		
10a. USUAL OCCUPATION (Giva kin-		ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?		
dona during most of working life, ever Housewife		wn Home		ton D.C.	U.S. A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	I NAME			
JOHN 1	AVIS		FRANC		Nherson		
15. WAS DECEASED EVER IN U.S. AR (Yas, no, or unkown) (Ifyesgivawaro)			INFORMANT	Addre			
no			ames M. Car	npbell Same a			
18. CAUSE OF DEATH (Enter		ine for ja), (b), and (c).]	0		ONSET AND DEATH		
PART I. DEATH WAS CAUS	AUSE (a)	wal Th	music		2 man		
11200	DUE TO 1/						
Conditions, if any, which	(b) (1) ps	la Vina			10 years		
gava rise to immadiata cause	DUE TO	0	2 2 1				
(e), stating tha underlying causa last,	The least	Trus la V.	1	0.	10 min		
	T CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTOPSY		
			NOT NEED TO THE TENN		PERFORMED?		
	1 001 000	Char How blunky o coul	VP 45	Datis Datis at its 10 h	YES NO		
PART II. OTHER SIGNIFICAN OF CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EX	DEATH	CKIRE HOW INJURY OCCU	RED. (Enter natura of injury in	ran for ren ii or nam io.,			
3 20c. TIME OF INJURY Month,	, Day, Year 20d.		LACE OF INJURY (Homa, far		(County) (State)		
20c. TIME OF INJURY Month,	While 19 at wor	THOU THING	actory, straat, offica bldg., et	c.)			
	19		1-8-44	110 10 3-5	= 6/210 shat (1) (1-1) last		
21. I certify that (I) -(this	A 'C	//		120	19, that (1) (we) last		
saw the deceased alive o	<u></u>	, and th	at death occurred at.	M, from the causes	and on the date stated above.		
220. SIGNATURE	11'0.		ATTENDING_	MED STAFF	SIGNED		
Bh Vi	1 /W	~	M.D. PHYS.	DIRECTOR PHYS.	3/8/66		
22 PHYSICIAN'S	C1	M D	22d. ADDRESS				
NAME (Type) John F	. Clum,	M. D.	6110 43r	d Ave. Hyatts	ville, Md.		
23a, BURIAL, CREMATION, 23b. D	ATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d, LOCATION (City,)	own or county) (Stete)		
Burial (Specify)	3/11/66	Ft. Lincoln	1	Colmar M	anor, Md.		
24 FUNERAL DIRECTOR'S SIGNATUR	RE	ADDRESS	25e. RE	C'D BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE		
Francis Gasch's	Sone Hy	atteville Md	PMA	R 1 0 1966 A	Charles Judge		
Trancis Gasch's	DOME TING	res ville, Ma	12/14/1		() ()		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	04156 CERTIFICAT	TE OF DEATH	04147					
1.	PLACE OF DEATH a. COUNTY AMARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residue. a. STATE b. COUNTYP . G.	dence before admission)					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	99x70899 Bowie 16	- /					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address Prince Georges General	d. street address Route #1, Box 30	9. IS RESIDENCE ON A FARM? YES NO					
		arroll 4. DATE Month OF BEATH 3	Day Year 16 19 66					
f	emale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIDORCED DIVORCED	7/12/04 O1 yrs.	ays Hours Min.					
duri	USUAL OCCUPATION (Give kind of work done) Industry Retired— Apartment House Manager Father's NAME	COUN	ZEN OF WHAT NTRY?					
	Unknown	Unknown						
15. (Yes	s. no. or sinknwn) ((If vesnive war or dates of service)	. INFORMANT Address Ar. John R. Cheseldine- 2720-Wisc. A	ve.N.W.,DC					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH Perminal					
	Conditions, If any, which gave rise to immediate put to the course (a) charing the	sclerific Heart with]	O years					
NO	cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	e: Oroginop. Staffus:	19. WAS AUTOPSY					
CERTIFICATION	** from cholecystectomy	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)	PERFORMED? YES NO					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work at work	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.) (Clty or town) (County)	y) (State)					
	21. I certify that (I) (this hospital) attended the deceased from art 15, 1966, to much 16, 1966, that (I) (we) last saw the deceased alive on which 1966 and that death occurred at M, from the causes and on the date stated above.							
	22a. SIGNATURE William Braum M.D. ATTENDING MED. STAFF 22b. DATE SIGNED MED. PHYS. 3-17-6							
	22c. PHYSICIAN'S NAME (Type) WM BRAININ	6 \$24 Central Any Capital	1/gt hy					
23a.	REMOVAL (Specify) 3-19-66 ROCK CREE	K CEMETERY WASHINGTON,	D.C					
24	FUNERAL DIRECTOR VIOLAGE TO ADDRESS WAS	D. C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE					

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Item 18 Film G375 3/3 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND

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24. A alexandr 388 188 188 18. Park

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page any deloy is

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If

FOR STATI

5 may be retained for your files.

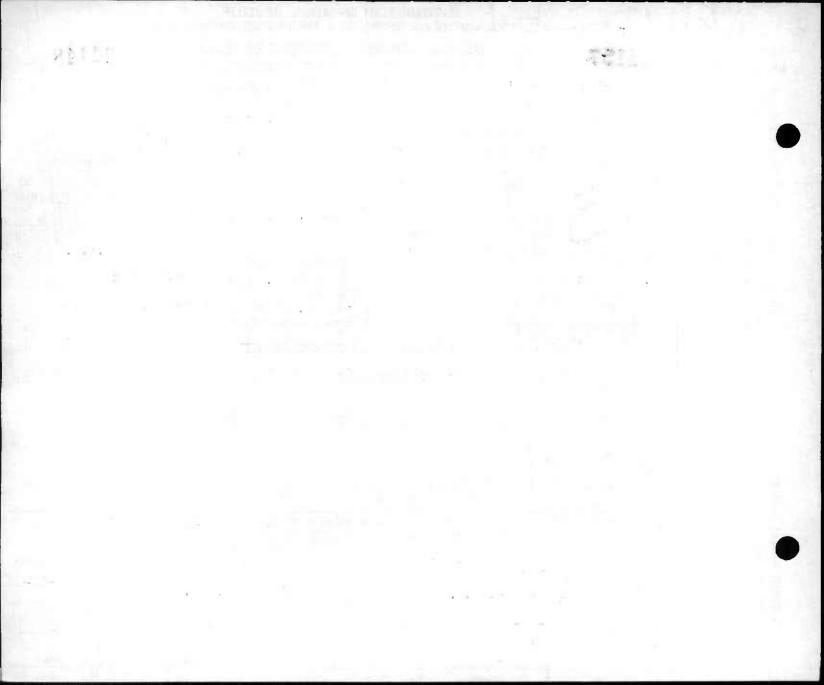
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages load 2 fin the State Department af Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04150		MED	ICAL EXAMINE	R'S	CERTIFICATE O	F DEATH	1)	4148
1. P	LACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived		nce befare admission)
0	COUNTY Prin	nce George	S	MARYLA	ND	o. STATE New	Jersey	b. COUNTY	
	CITY OR TOWN (If outside carparate limit		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If ou		, write RURAL and giv	re neorest town)
	write RURAL and give nearest town) Camp Springs DOA			Sædd]	Lebrook		67-3		
d		AL OR INSTITUTION (If no	at in haspital, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDENCE
	And	rews Air Fo	rce Bas	se Hospital		585 Fa	airlawn Pa	arkway	ON A FARM? YES NO
	IAME OF	Fi	rst	Middle		Lost	4. DATE	Manth	Doy Year
	ECEASED Type or print)	Jo	hn	Hubert	(Cole	OF DEATH	March	12 19 66
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. OATE OF BIRTH	9. AGE (I	n years IF UNDER	
r	nale	white	WIDOWEO	DIVORCED		Sept. 28, 1	1923 42°	yrs.	Days Haurs Min.
		(Give kind of work done	INI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State	ar fareign country)		TIZEN OF WHAT
P	urchasin	life, even if retired) g Exp dite:	Ben	dix Avation		New Jers	еу		J.S.A.
	FATHER'S NAME					14. MOTHER'S MAIDEN I			
	K. Herbe	rt Cole				Hetenxkxx	68≇8 Ne	ttie List	
		R IN U.S. ARMED FORCES? (If yes give war or dates o		SOCIAL SECURITY NO.		nformant len L. Cole	585 Fa	Address airlawn Pa	rkway
		ATH (Enter only one cou	se per line for	(a), (b), ond (c).)					INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0) 0	cclusion of	co	ronary arter	rh		ONSET AND PEATH
	420	/ DUE	1-/						
	Conditions, if ony,		(b) A:	rterioscler	oti	c heart disc	ease		unknown
	rise to immediat stating the under		TO						
	last.)	(c)						
NOIN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T					HE TERMINAL DISEASE COM	NDITION GIVEN IN PAI	RT 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	2Do. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		20b. DES	SCRIBE HOW INJURY OCCU	RRED.	Enter nature of injury in	Port I or Part II af ite	em 18.)	
MEDICAL	20c. TIME OF INJU Haur a.n p.n	JRY Month, Day, Year n. n. 19	20d. IN While at wark	Not While		E OF INJURY (Hame, form ary, street, affice bldg., etc.)		r tawn) (Ca	unty) (State)
	21. I certify	y that I taak charg	e af the rem	nains described abay	/e, he	ld an Autapsy 🔯	Inspection	, Inquiry 3	and in my apinian
	death result			Accident ,		ide , Hamicide	Undetern	nined manner	7
		1	1/10/			CHIEF MEDICAL			
	ACTUAL SIGNATURE	1 John	7/10	18		M.D. ASSISTANT MED	ICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S NAME (Type)	John Keho	oe, M.D	•			AL EXAMINER	у)	3-12-66
	BURIAL, CREMATIO			23c. NAME OF CEMETER			23d. LOCATION (, ,	(County) (Stote)
	REMOVAL (Specify) Burial	3-15-6	06	Cedar Law	n C		Patters		Jersey
24. Wi	funeral oirector lhelm Fu	neral Home	4308	ADDRESS Suitland Rd	Su	itland ryland phiAR	BY REGISTRAR	2Sb. REGISTRAR'S S	

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATE	4	04158	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	04149
HEALTH	DEPT.	1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed in o. STATE	ved, if institution: Residence before odmission) b. COUNTY
ay is 3 ta Page	death.		o. COUNTY Prince George's	MARYLAND	Ohio	b. COUNTS
delay and 3 A3. Pa	Department irs after deal		 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corparate li	mits, write RURAL and give nearest tawn)
any delc , 2, and n PM3. F	partmafter		Cheverly	DOA	Cuyahoga Falls	72-3
оп , 2 п	s at		d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
es 1, farm	ate De haurs	7	Prince George General	Hospital	2011 Byrd Street	YES NO 👽
haurs after death. If of them 18. Give Pages 1, Office along with farm	76	3	NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month Doy Year
r de ve	SE)		(Type or print) Carmela	D. Cos	scia DEATH	3 22 19 66
after of 8. Give	with	S	SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED		E (In years IF UNDER YEAR IF UNDER 24 HRS. st birthday) Months Days Haurs Min.
18 c	12 v		CHECLE	OWED DIVORCED	22 Dec. 1882 8	3 yrs.
haurs Item 18 Office (pages land2 v in any event		. USUAL OCCUPATION (Give kind of work done ing prost of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign countr	
	ny n	L	YOUSENIFE &	WN HOME	FTALY	COUNTRY?
hin ncil	n a	1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
d within in pencil Examine	File		MICHAGL DE	F-60	Circa	MO 3 CARIELLO
rauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's			WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service		NFORMANT TELLA C. COSCIA	Address AGMARYLAND MD
be executed pending"	it permit. remaval,	-	18. CAUSE OF DEATH (Enter anly one cause per			INTERVAL BETWEEN
be e "pen nief A	ansit ar re		PART I. DEATH WAS CAUSED BY:	eart failure		ONSET AND DEATH
G. P. G.			IMMEDIATE CAUSE (o) THE			minutes
shauld e ward o the C	rial			Arteriosclerotic h	eart disease	unknown
e sh the			rise to immediate cause (o), (12001210001001001	.our o dipoudo	
ng ded	as a I, cre		stating the underlying couse (c)			
s certificate shauld e, writing the ward farwarded to the Ch	used as burial,	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY
0	be us	CERTIFICATION				PERFORMED? YES TO NO
ER: This certificate, auld be fa		THE	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I ar Port II a	f item 18.)
INER: e certifi shauld	iles. shauld k it, priar		PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.			
EXAMINER: Ute the cer age 4 shaul	- ო ⊑	MFDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o.m.		CE OF INJURY (Home, farm, 20f. (Cit ary, street, office bldg., etc.)	y ar tawn) (Caunty) (State)
CAN te t		M	p.m. 19	While at wark Ot work T	ury, street, office blog., etc.)	
AL EX execut ir. Pag	R:P		21. I certify that I took charge af t	ne remains described abave, he	ld an Autopsy 🔲 , 🛮 Inspectian	📆, Inquiry 🔀, and in my apinian
	ained far y IRECTOR: Po designated	1	death resulted from: Natural caus	ses, 🖹 , Accident 🗐 , Suici	ide 🔲, Hamicide 🔲, Undet	ermined manner
MEDICA please ey directar.	ain des		ACTUAL A	1/8/	CHIEF MEDICAL EXAMINER	OO DATE SIGNED
- a	its its		SIGNATURE	1 July	M.D. ASSISTANT MEDICAL EXAMINER _	22. DATE SIGNED
	may be retained far FUNERAL DIRECTOR: salth ar its designate		EXAMINER'S NAME (Type) John Kehoe, M	.D. Riverdale, Mc	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or co	0 00 //
DE eces		1 2	. BURIAL, CREMATION, /236. DATE THEREOF	23c. NAME OF CEMETERY OR		ON (City or Town) (County) (State)
0 = =	~ 2 ±		REMOVAL (Specify) 3-26-6			RON OHIO
			FLINERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
	A15ME (5) 6M 1/66	1	w w chambons a	517 11HST S.C	DAMAR 28 198	66 Charles Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove barbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exemply within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O\$159

CERTIFICATE OF DEATH

()4150)

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
a. COUNTY Prince George's Co. MARYLAND	a. STATE Maryland b. COUNTY Prince George's			
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) Suitland 17- Days	Upper Marlboro, Maryland /6-/			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
Suitland Nursing Home, Inc.	R.F.D. Box. 4311 - Lot 83 YES NO 1			
3. NAME OF First Middle DECEASED (Type or print) ROSE T. COUNTY	VTY Last 4. DATE Month Day Year DEATH March 19th. 19 66			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS.			
Female White WIDOWED DIVORCED	Oct. 4th 1884 Ast birthday Months Days Hours Min. Si yrs. Hours Min. Hou			
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Clerk U.S. Gov.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? New Hampshire USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
John Rustler	Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(ffyes give war or dates of service)]	INFORMANT Address			
No Mrs	s. Madeleine U. Pierce Same as Item # 2			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ell An Hearding 7-loday			
33/X DUE TO COL				
conditions, If any, which gave rise to immediate (b)	ARRINO SCIONOSIN -			
cause (a), stating the DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
FICA	YES NO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN 20d. INJURY OCCURRED 20e. PLAN factor 20d. INJURY OCCURRED 20d. INJURY OCCURR	ry, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from	3/10 , 1965 , to 3/19, 1966 , that (1) (we) last			
saw the deceased alive on 3/15 19 66, and that	death occurred atM, from the causes and on the date stated above.			
22a. SIGNATURE TO M.D. M.D.	ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED			
22c. PHYSICIAN'S NAME (Type) Thomas & Cullen	22d. ADDRESS			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY				
Burial March 23-66 St. Joseph's				
24. FUNERAL DIRECTOR 2 ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
Simmons Bros. 1661- Gd. Hope Rd. SE. Wash	h.DC DATMAR 21 1966 Achiarles Judge			

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do not suder. history and a marged senders Harris (crossess cont over -) . 10 4001 100A well patrice man Row Spend Lat Van Marie December of the other stollers in and any tree, to the me, doing the the large and any the MAR I I USE . 8" of the large

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give recrest town write RURAL end give nearest flown) 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF 4. DATE OF Middle Last Month Day DECEASED (Type or print) DEATH 19 6 6 carbon it, within 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) and Months Days Min. WIDOWED DIVORCED physician гетоме 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County done during most of working life, even if retired) 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 18. CAUSE OF DEATH |Enter only one lause per line for (e), (b), INTERVAL BETWEEN been signed by ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) has been signed he burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (e), steting the underlying couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) CERTIFICATION 8 0 PERFORMED? YE\$ NO T USB prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) fter this ca ched for Health pr detached After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,) 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. ō et work et work DIRECTOR:
3 should be de 19....., to.... 21. I certify that (I) (this hospital) attended the deceased from...., 19....., that (I) (III) last .1990, and that death occurred at 100 from the causes and on the date stated above. saw the deceased alive or 220. SIGNATURE 22b. DATE ATTENDING / SIGNED MED. STAFF DIRECTOR PHYS. PHYS. death. Page 4
O FUNERAL M.D. page with th 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) director, be filed 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d_ROCATION (City, town or county) SEMOVAL (Specify REGISTRAR 256. FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE ADDRESS VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral shooth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY hours b. COUNTY Prince Georges by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) þ write RURAL and give neesest town 24 Lethian Upper Marlbere = Pages executed within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS hours 1108 Pratt Street completely papers. 3. NAME OF 4. DATE Middle Month 72 DECEASED OF (Type or print) DEATH B. within carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years HF UNDER 1 YEAR P last birthdey) WIDOWED | 10 DIVORCED certificate 10a. USUAL OCCUPATION (Give kind of work done dum parties), and life, avan if retired) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) Gon. Construction Maryland physin Carpenter 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 attending and Nelson R. Crandell Pearl Sherbert Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Address removal (Yes, no, or unkown) (Ifyesgivewarordatesofservice) Mrs. Virginia G. Crandellthe requires that permit. 18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), and (c).] physician. signed by 0 PART I. DEATH WAS CAUSED BY: uncardial Interction IMMEDIATE CAUSE (e) cremation. burial-transit DUE TO attending Conditions, if eny, which peen (b) geve rise to immediate ceuse DUE TO (a), steting the undarlying has cause lest. (c) the PHYSICIAN: 0 certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPS Y CERTIFICATION hospital 98 0 use prior 20b. DESCRIBE HOW INJURY OCCURRED. (Entar neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL ATTENDING be retained by 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, streat, office bldg., etc.) While Not While ō Hour a.m. et work et work DIRECTOR: State Dept. plnods M, from the causes and on the date stated above. may 22a. SIGNATURE ATTENDING m PHYS. DIRECTOR PHYS. M.D. HOSPITAL FUNERAL page Page With 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clark Helmes, M. filed v 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify) O.F.S Mt. Zion Cometery Lathier 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Bres. Upper Marlbere, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 5-63 24 FUNERAL DIRECTOR'S SIGNATURE

DATEMAR

Anno Arundal

Dey

Months

. IS RESIDENCE

YES NO

1966

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO K

(Stata)

226. DATE

(State)

Marlbere

SIGNED

YES T

U. S. A.

Same

(County)

Upper

ON A FARM?

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
LEGY CERTIFICATE OF DEATH

()4153

tem 9 Film	1,575	3/28/66 mh	() 2.00
1. PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If in	INTV
Prince George's	MARYLAND	a. STATEMaryland b. COL	Prince George
	F STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, w	vrite RURAL and give nearest town)
Lanham 6 OA	Y5	College Park	16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give st	treet address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Magnolia Garden Nursing Home		7304 Rhode Island	YES NO NO
3. NAME OF First MIdd	ile	Last 4. DATE Mon	
(Type or print) KATHERINA E.	C	RILLY DEATH MEJ	rch 19 19 66
	ARRIED 🔀 8	last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
		an. 4 1906 6660 yrs.	
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Typist Dept. of	ESS OR	11. BIRTHPLACE (County & State, or foreign count	ry) 12. CITIZEN OF WHAT COUNTRY?
Clerk Typist Dept. of	Agg.	Penn.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph Crilly		Katherina Mc Carthy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR (Yes, no, or unkown) (If yes give war or dates of service)	ITY NO. 17.	INFDRMANT Addr	805 Rittenhouse
17-07-2	33/ Mi	ss Beatrice D. Thron	
18. CAUSE DF OEATH [Enter only one cause per line for (a), (b),			INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:			ONSET AND OEATH
1750 IMMEDIATE CAUSE (a) Appendix			T.
Cenditions, if any, which (b)	Lu Ca		Book
gave rise to immediate			
cause (a), stating the underlying cause last.	~ C	N	Town
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUTNOTRELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY
CAT			PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II	of Item 18.)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURF Hour a.m. While Not While at work at work	factor	E OF INJURY (Home, farm, 20f. (City or town) y, street, office bidg., etc.)	(County) (State)
Hour a.m. p.m. 19 While at work at work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21. I certify that (I) (this hospital) attended the decea	sed from	3/12 1966 to 8119	, 19.66_, that (I) (we) last
saw the deceased alive on 316/66-19		death occurred at M. from the causes	s and on the date stated above.
22a. SIGNATURE			22b. DATE SIGNED
No of the	/, M.O.	ATTENDING MEO. STAFF PHYS.	3-19-66
22c. PHYSICIAN'S NAME (Type)		22d. ADORESS	
LEON R. LEVITSKY		3408 Rhock TSLAND AV	MT. RAINR
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME REMOVAL (Specify)	OF CEMETERY	OR CREMATORY 23d. LOCATION (City,	
Burial 3-22-66 Mt. 01	ivet C	em. Washingto	on. D.G.
24. FUNERAL DIRECTOR ADDRE	SS	25a. REC'O BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
W.W. CHAMBERS CO RIVER	DALE	MP. MAR 23 1966 80	harles Judge

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EGILED parade tools a designation of the state of t The state of the s Steam and the second of the second second Joseph Grinty (2000) Enthering No Corolly (2000) Intended to the Corolly (2000) Intended to the Corolly (2000) (20 And Andrews All the state of t The state of the second of the state of the

TATE C - S-EL-St LET, Willy 5 Cos. States of States

All the second of the second o

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 4154

	U 34								7	C/ A	_
1.	PLACE DF DEATH a. COUNTY Prin	ce Georg	e a			2. USUAL RESIDER	NCE (Where dece ryland	ased lived, If Insti- b. COUNT		nce before admission	1)
					YLAND					alue annund form	
	b. CITY OR TOWN (if write RURAL and	outside corporat	te limits,	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (if outside corp	orate limits, write	a RURAL and	give nearest town)
			11.7	0 3		D-74	277.		1/	1	
	Cheverl	V		8 days		Beltsv			160	- /	
	d. NAME OF HOSPITA			. , .	address)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?	E
-		Georges				5015 Oly				YES NEC]
3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DATE	Month	D	ay Year	
	(Type or print)	Agno		013"	llen		DEATH	2	30	19 66	
5		Agne				DATE OF BIRTH		ACE (In years I II			-
٥.	SEA 0. U	OLOR OR RACE	7. MARRIEL	NEVER MARRI	ED 3	B. DATE OF BIRTH	9.			AR IF UNDER 24 HR	
	F W		WIDOWED	DIVORO	ED C	11-211-98	6		fonths Day	s Hours Min.	٠
10	. USUAL OCCUPATION (KIND OF BUSINESS	2	11. BIRT BPLACE (1 12 CITIZE	EN OF WHAT	_
dur	ing most of working life	e. even if retire		NDUSTRY	Ж	II. BIRIBPLACE		or foreign country)	COUNT		
	1.		"			6/100	TE	1 to 16	000	USA	9
12	maurer	upl		num	2	1000	1000	1 Va	4	7	_
13	. FATHER'S NAME		. /	10		14. MOTHER'S MA	IDEN NAME				
ш	Millard Fi	lmore	Ha	cheley		Ann Riel	ey				
	. WAS DECEASED EVER			SOCIAL SECURITY!	NO. 17.	INFORMANT		Address		National Appropriate	Ξ.
(Y	es, no, or unkown) (If ye	s give war or dates o	f service)								
	MI				H	lospital Re	cords.				
	18. CAUSE OF DEATH	I Finter only on	e cause ner	line for (a), (b), and	(c)]				LIN	TERVAL BETWEEN	-
			-	(a), (b), and	(0).1	-1.	0 1	1.	0	NSET AND DEATH	
	PART I. DEATH	WAS CAUSED BY MEDIATE CAUSE	121 11	Muse 1	ens	purhis du	-d/1	con con	ma-		
	51111	MEDIATE GAUSE	(0)					1	17.		-
	27//	DUE	TO	6	Da.	1- 1-1	0	-1			
	Conditions, If any,	which \	(b) (K)	11 10	Ken	plajed	1 luco	-alend	1		
	gave rise to imme										_
	cause (a), stating	the DUE	TO	1							
	underlying cause last	t.)	(c) U	cer.							
S	PART II. OTHER SIGNIE	FICANT CONDITIO		IITING TO DEATH BUT	NOTRELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN PA	ART 1(a) 1	9. WAS AUTOPSY	-
Ē				OTHER TO BETTIED	NOT KEEN	TED TO THE TERMINA	. DIODIOL GOILD	TITOM GIVENING		PERFORMED?	
C										YES NO	1
E .	20a. ACCIDENT WAS	IINDERI VING	1 20h	DESCRIBE HOW IN	HRY OCCII	RRED. (Enter nature	of injury in Day	t I or Part II of	Itom 18 \		2
CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEA	TH VER	DESCRIBE HOW IN	011 0000	KKED. (Enter nature	or mjury m rui	t i oi rait ii oi	10.,		
MEDICAL	20c. TIME OF INJUR	Y Month, Day,	Year 20d.	INJURY OCCURRED	20e. PLA	CE OF INJURY (Home,	farm, 20f. (6	City or town)	(County)	(State)	
ā	Hour a.m.		While	Not While	tacto	ry, street, office bldg.,	etc.)				
Z	p.m.	19	at wo	k at work							
	21 Loortify the	t (1) (this hour	ital) attanc	lad the deceased	from N	larch 22,	10 66 to 1	Manch 20	1966	that (I) (we) las	ef.
	saw the decease	ed alive on	march_	30 19 66,	and that	death occurred at	DESCRIMI, Tro				3.
	22a. SIGNATURE	0							22b. DATE	SIGNED	
	8	Date .	10.			ATTENDING	MED.	STAFF	0 /03	100	
	000	un.	Les	you.	M.D		DIRECTOR	PHYS. SEE	3/31/	66	
	22c. PHYSICIAN'S	11				22d, ADDRESS	amanta /	Con l Hos	m Bio	M alexander	
	NAME (Type)	Edwin J	Jens	en, M.D.		prince Ge	orge a	sent. nos	b. ale	verly Md.	
-	1										Ξ
232		N, 23b. DATE 1	HEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. L00	CATION (City, tow	n or county)	(State)	
	ROMOVAL (Specify)	4-11	-66	Luss -		1.1.	15.1	11-	, /	el	
0.0	FUNCTION DIDECTOR	17-	-66	Approx	me!	1050	FOLD BY DECIS	Comars	ISTRAR'S SI	CNATHDE	_
24	. FUNERAL DIRECTOR			ADDRESS	1	C 25a. R	EC'D BY REGIS			TI	
1	Vell litt.	Na-	01-	Land	NO X	MelAt	K 1 1 1	966 /	iarles	Judge	
	sur U.m	- white	earn	n peur	4	DATE!				1 0.	_

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 02164

1. PLACE OF DEATH a COUNTY CE George	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	C. CITT OR TOWN (IT OUTSIDE COPPORATE MINIES, WITH ROWAL and give hearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Prince George General Hospital	d. STREET ADDRESS On A FARM? YES \(\sum \) NO \(\sum \)
3. NAME DF OECEASED (Type or print) First ichard E. Da	rnall SR. 4. DATE Month Day Year 1 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Sept. 26th 1911 54 Age In years Months Days Hours Min. Wins Min. M
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Policeman	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Darnall	Florence G. Wallingsford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes pive war or dates of service)	INFORMANT Address
	s. Jessie B. Darnall Same as # 2.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	unin dans ONSET AND DEATH
IMMEDIATE CAUSE (a)	7
Conditions If any which I	Descenses la neur
conditions, If any, which gave rise to immediate (b)	me Copulation 10 pm.
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20d. INJURY OCCURRED 20d	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1962 to 3/1 196, that (1) (we) last
saw the deceased alive on 3// 1966, and tha	t death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE Symme & Storease M.	D. ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) WormAn'), (Smear	1 3503 Jan W. M. Domer Ind
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY (State)
REMOVAL (Specify) March 4,1966 Cedar Hill C	emetery Suitland, Maryland
24. FUNERAL DIRECTOR Bros. ADDRESS	25a, RECOD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Simmons Bros. 1661- Gd. Hope Rd. SE. Was	sh. DO DATEMAS 3 1960 Ochaniles Vistage

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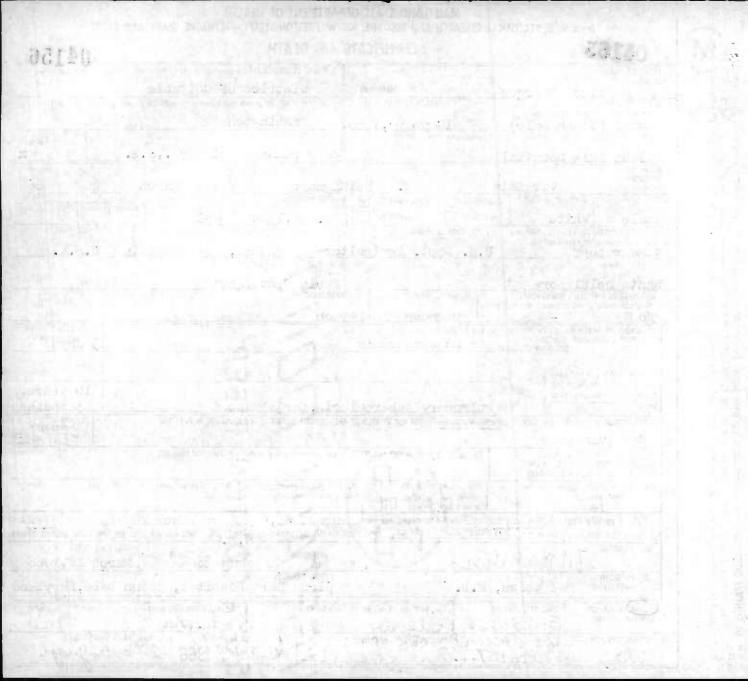
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0416	5		CERTIFIC	ATE O	F DEATH			()4	1156
	PLACE OF DEATH					SUAL RESIDENCE (V			esidence before	odmission)
		nce George	g	MARYLAN	D	Distric	t of Col	umbia		
t		f outside corporate limits give nearest town)	, c. L	ENGTH OF STAY IN 18	c. C	TY OR TOWN (If ou	tside corporote lim	its, write RURAL or	nd give neorest	town)
		lenn Dale)	10	years.7	mo	Washing	gton		47-	. 3
0		AL OR INSTITUTION (If no			d. 5	TREET ADDRESS				ON A FARM?
	Glenn Da	le Hospita	1		28	20 Pennsy	lvania A	ve.,S.E.	. \	YES NO
	NAME OF	Fi	st	Middle		Last	4. DATE	Month	Doy	Year
	Type or print)	Virgin	ia.	E. D	elSig	nore	OF DEATH	March	20	19 66
_	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		E OF BIRTH	9. AGE	(In years IFL	JNDER 1 YEAR	IF UNDER 24 HRS
F (emale	White	WIDOWED	DIVORCED		. 10,1924	41 41	birthdoy) Moi yrs.	nths Doys	Hours Min.
00.	USUAL OCCUPATION	(Give kind of work done		BUSINESS OR		BIRTHPLACE (County		ountry)	12. CITIZEN OF	WHAT
	ng most of working tenograph		TI S De	pt. Agric	11 tur	e Thom	as West	Virginia	COUNTRY?	. A .
	FATHER'S NAME	101	Q.D. DC	po. Abrico	14.	MOTHER'S MAIDEN N		1		****
	Sonto Dol	Ci mono			T 22	cia Cento	fonti			
	Sante Del	R IN U.S. ARMED FORCES?	16 SOCIA	SECURITY NO.	17. INFOR		Taller	Address		
(Ye	s, no, or unknown)	(If yes give wor or dotes o	f service)	EMPL TO	5					
_	No	ATU (5 .			Perso	n			LINITE	RVAL BETWEEN
	PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY:		o), ond (c).) .opneumoni	0				3 ONS	SET AND DEATH
		IMMEDIATE CAUSE	(0)	Opheumoni	.c.				1) 4	ays
-	Conditions, if ony	DUE	10							
	rise to immediat	e couse (a)	(b)						37	
	stoting the unde	lying couse DUE					CEI, O			years,
	lost.	,		ry tuberc						months
2	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT RELATED	O TO THE TE	RMINAL DISEASE CON	IDITION GIVEN IN	PART 1(o)	19.	WAS AUTOPSY PERFORMED?
A E	Cor pul	monale							YE	S NO E
CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	HOW INJURY OCCUP	RRED. (Enter	noture of injury in I	Port I or Port II of	item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.r p.r	JRY Month, Doy, Yeor n. 19	20d. INJURY While of work	OCCURRED 200 Not While of work		INJURY (Home, form eet, office bldg., etc.)		or town)	(County)	(Stote)
	21. 1 certi	fy that (I) (this has	pital) attended March 20	the deceased fra 19 <u>66</u> , and	m_Aug that dec	ust 29, , 1 th accurred at	9 55 , ta_1 1:0,5 M, fro	March 20 m causes and	, 19 <u>.66,</u> th an the date	at (I) (we) lo e stated abav
	22o. SIGNATURE	More V	Ven			TTENDING HYS.	MED. DIRECTOR	STAFF1	22b. DATE SIGN	
	22c. PHYSICIAN'S NAME (Type	Moe Weis	s, M.D.			22d ADDRESS lenn Dale	Hospita	l, Glenr	n Dale,	Marylan
230	REMOVAL (Specify			NAME OF CEMETER	//	netay	23d. LOCATIO	N (City or Town)	(County)	Va (Stote)
24	. FUNERAL DIRECTO			LE CADDRESS HOR			BY REGISTRAR	2Sb. REGISTR	RAR'S SIGNATUR	
24	1102	W. BROW		Us Chu	ech 1	0		0.007	wellen &	udge
	1100	W. DKIN	171. 14	NJ C1101	cur 9	JULY DAMAIL	I WU IUL	14 /	1	A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. when illed in by the funeral when papers. Pages 1 and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and came director, page 3 should be detached far use as the burial-transit permit. Then please remave a Page 4 may be retained by the haspital or attending physician.

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MADYLAND STATE DEPARTMENT OF HEALTH

		MAKILAND STATE DELAKTIMENT STITLACTIT	
	DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAND
0	2400	CEDTIFICATE OF DEATH	11 A A P 14

	44- 9)			OLICIII	IOAIL	. OI DEA						31	
1.	PLACE OF DEAT a. COUNTY	H George	te				2. USUAL RESID		(Where dec	eased lived, If in b. COU	stitution: NTY Pri	Residence	before ad	mission)
-	b. CITY OR TOW			limite	C. LENGTH OF STA	YLAND	c. CITY OR TOWN	-		novata limite w	L L L	L and als	GEOT	t town)
	write RURAL	and give nea	rest town)	C. LENGIN OF SIA	I IN ID	C. CITI OR TOWN	1 (11 0	nraide cort	porate minus, w	IIIO KUKA	L anu gn	ie lieales	L town,
	Chever.						Washi	ngt	on, D	. C.			16-	1
					n hospital, give street		d. STREET ADDRI	ESS					ON A F	ARM?
_		George				(DOA)	501 C							NO X
3.	NAME OF DECEASED		Firs	t	Middle		Last		4. DATE	Mont	h	Day	Yea	r
	(Type or print)		Geo	rge	W		Dicken	S	DEATH	Marc	h	1	19€	66
5.	SEX	6. COLOR O	R RACE	. MARRI	ED X NEVER MARRIE	D 8	. DATE OF BIRTH		9.	AGE (In years last birthday)				
	ale	White		WIDOW			6-5-1910			55 yrs.	Months	Days	Hours	Min.
10	I. USUAL OCCUPATING MOST of Work	ION (Give kind	of work do	one 10t	O. KIND OF BUSINESS OF INDUSTRY	R	11. BIRTHPLACE	E (Cour	nty & State,	or foreign country	1) 12. (OUNTRY	OF WHAT	
	Retired-C			u	U.S. Gov t		North C	aro	lina		,	U.S.		
13	FATHER'S NAM	E				1	14. MOTHER'S N	MAIDE	N NAME		1			
	Eddie B.	Dicker	ns				Lena A							
15	. WAS DECEASED			CES?	16. SOCIAL SECURITY NO	0 17	INFORMANT		ngcon	Addre	22			
(Y	es, no, or unkown)	(If yes give war	or dates of s	ervice)				D:	-1				1. n.	
	Yes	WWI	1			Pitel	rgaret L.	DI	ckens	501 Ca	DIN I	orano	en Ko	ad
	18. CAUSE OF	DEATH [Enter	only one	cause p	er line for (a), (b), and (c).]					1		RVAL BET	
	PART I. DI	EATH WAS CAL	JSED BY:	Ac	ute pulmona	mr ed	em a					UNS	EI AND L	LATE
	4201	IIIIII EDINIE			The state of the s	3								
	Conditions, If	any which \	DUE TO	_	wn awr	-:	(1-54 -2-		63					
	gave rise to		(1)		rnary occul	STOIL	(left cir	CUIII	riex	comnary,				
	cause (a), s		DUE T		non name a name a sa									
Z	underlying caus	/	1)		rnary arter			101 016			010714	110	WAC ALL	TODOV
ICATIO	PARTIT. OTHER	SIGNIFICANTO	ONDITION	SCONTR	IBUTING TO DEATH BUT	NOTRELA	TED TO THE TERMIN	IAL DIS	SEASE CONI	DITION GIVEN IN	PART 1(a		WAS AU PERFOR	MED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLING CAUSE	YING DEATH	20b	. DESCRIBE HOW INJU	IRY OCCUI	RRED. (Enter natur	e of i	njury in Pa	art I or Part II	of item 1	8.)		
AL.		INJURY Mont			I. INJURY OCCURRED	20e PLAC	E OF INJURY (Hom	e farn	n 20f ((City or town)	(C.	unty)	15	tate)
MEDICAL	Hour a.		ai, 503, 10		ile Not While	factor	y, street, office bld	g., etc.	.)	(011) 01 101111)	(0)	unt cy /	,0	,
ME	p.i	m.	19		ork at work									
					nded the deceased t	rom_3	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	, 196	4 to	Klanch 1	, 190	co, th	at (i) (w	e) last
	saw the de	ceased alive	on M	web	1 19 66,	and that	death occurred a	at	M, fro	om the causes	and on	the date	stated	above.
	22a. SIGNATU										22b.	DATE SIG	NED	
	Die	CRURA	age	RA	9	M.D.	PHYS.	ME	ED. RECTOR	STAFF PHYS.	3 -	-1-	66	
	22c. PHYSICIA		-	1			22d. ADDRESS	S				-		
	NAME (T	ype) 4 U Ge	eorge	J. I	Hageague, M.	D.	3717 38	8th	Ave.	Cottage	City	, Md		
232	. BURIAL, CREM	MATION 23h.	DATE TH	FREOF	1 23c. NAME OF C	FMFTFRY				CATION (CIty, t				ate)
	REMOVAL (Sp	eclfy) 3	-4-66		Arlingto					ngton			inia	
24					ADDRESS	711 4161		PECT		TRAR 25b. A	FOISTDA	-	,	
W:	ilhelm Fu	ineral I	Home	430			itland DATE	AR	3 REGIS	968	lay	es f	udge	•

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please transve carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the state, within 72 hours after death.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and conflictely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

6

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04150

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Prince George MARYLAND	a. STATE b. COUNTY
	Maryland Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheven	Hyattsville /6-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
Prince George General Hospital	7422 84 th. Ave. YES NOT
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	ickey DEATH March 4 1966
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
A SIGNALES THEFTH MARKITES	last birthday) Months Days Hours Min.
WIDOWED DIVONCED 1	arch 30, 1951 14 yrs.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
School boy	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milton E. Dickey	Mary G. Goodwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	ilton E. Dickey (same as no. 2)
	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory fail	ure minutes
7441	
conditions, if any, which	spiratory muscles days
gave rise to immediate (b)	
cause (a), stating the DUE TO Muscular dystron	bhy 9 years
underlying cause last. (c)	7 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
F	YES NO IX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 2 Da. ACCIDENT WAS UNDERLYING	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
E OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Eliter nature of injury in Part 1 of Part II of Item 10.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLAN facto 20d. Injury Occurred 2De. PLAN facto	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While facto	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	January , 19 60 to March 3 , 19 66 , that (1) (we) last
saw the deceased alive on March 3 19 66 and that	death occurred at <u>AM</u> M, from the causes and on the date stated above.
22a, SIGNATURE	22b. DATE SIGNED
126 0821	ATTENDING MED. STAFF
22c. PHYSICIAN'S	
NAME (Type) John Kehoe, M.D.	6300 Riverdale Rd. Riverdale, Md.
23a. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	National Arlington Va.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1110 8, 1000 001, 1 0
W.W. Chambers Co. Riverdale, Md	DAMAR 8' 1966 Icharles Judge

VR A15 (4) 15M 4-64

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	u (18)	A DESCRIPTION OF THE PROPERTY
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	Mome Mailton T. utous	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY b. COUNTY c. CASTER DEATH a. COUNTY DEATH a. COUNTY DEATH a. COUNTY DEATH
a. STATE
b. CITY OR TOWN (if outside corporate limits, CLENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)
Kiverdale 37 hrs Hights ville 16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Leland Memorial Hord 5704 36 Ave YES NOTE
3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
(Type or print) Howard Conwell Dingee R DEATH March + 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF WIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS
MILEONIES Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INOUSTRY
Supervisor-Maintenance City & Heattab Philadelphia Con Pennsylvana L.S. A.
13. FATHER'S NAME
Howard C. Dingge Sr. Gaynor Belle Courter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. A DEATH WAS CAUSED BY.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) ACUTE MYOCARMAL IN FARCTION 1/20034
4201 OUE TO .
Conditions, If any, which (b) ARTERIOSCLEROTIC CORONARY HEART SISEASE & TID.
gave rise to immediate
underlying course feet
PERFORMEO?
YES NO M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
p.m. 19 at work at work
21. I certify that (I) (this hospital) attended the deceased from 1977, to 3-4, 1966, that (I) (we) last
saw the deceased alive on 3 1966, and that death occurred at 70 M, from the causes and on the date stated above.
22a. AGNATURE 22b. OATE SIGNED
M.O. PHYS. DIRECTOR PHYS. 3-4-66
220 PHYSICIANIS
NAME (Type) RONALD S. FLEISCHER 7411 RIGGS Rd. HYATISVILLE 10
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR SECUNDATION (City, town or county) (State)
REMOVAL (Specify)
Burial 3/7/66 Ft. Lincoln Colmar Manor, Md.
111 7 7 111 11 11 11 11 11 11 11 11 11 1
Francis Gasch's Sons Hyattsville, Maryland DAJEAR 1 1956 Charles Judge

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH					ICE (Where decess		Residence before edmission)		
	Georges		MARYLAND	e. STATE Mar	ryland	B. COUNTY Pri	ince Georges		
b. CITY OR TOWN (if	outside corporete limits	ξ,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corporete	limits, write RURAL e	nd give neerest town)		
Hyatts			2 1/2 yrs.	Hyattsv	ville		16-1		
d. NAME OF HOSPITA	AL OR INSTITUTION (if	not in hosp	pitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
	liggs Road				iggs Road		YES NO X		
3. NAME OF DECEASED	Mother	Melon	ie, R.J.M.	Lest	4. DATE	Month	Dey Year		
(Type or print)	Del	ia		Dionne	DEATH	March	7 1966		
5. SEX		7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	last	birthdey) IF UNDER			
F	White	WIDOWE	DIVORCED [Feb. 8, 1889	9 77	yrs. Months	Deys Hours Min.		
10e. USUAL OCCUPATION done during most of work	ON (Give kind of work	10b. KI	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Cou	inty & State, or foreig	gn country) 12. C	ITIZEN OF WHAT COUNTRY		
The state of the s		" Rel	igious Commur	nity Drumondy	ville, P.C	. Canada	Canada		
CATHOLIC 13. FATHER'S NAME	NON			14. MOTHER'S MAIDEN	NAME				
Joseph I	ionne			Marie d	Jutras				
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address	D' D 1		
(Yes, no, or unkown) (If	yes give wer or detes of se	rvice)	1	Mother Mary An	rmand, R.		Riggs Road		
18. CAUSE OF DI	EATH [Enter only one	ceuse per li	ne for (e), (b), end (c).			***	INTERVAL BETWEEN		
PART I. DEATH	WAS CAUSED BY:	A	cute Pul	monary 1	Edenna.		ONSET AND DEATH		
4201	DUE TO				,		/		
Conditions, if ony, which) (b) Myocardial Infanction 3,									
geve rise to immedie	te ceuse			1 1		*			
(a), steting the un	derlying DUE TO	Ar,	Lestoscher	atic Her	aut Us	ease	10415		
Z PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA			
PART II. OTHER OF CONTRIBUTING I OF CONTRIBUTING I OF CONTRIBUTING I			-				YES NO		
200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RED. (Enter neture of injury in	Pert I or Pert II of it	em 18.)			
OR CONTRIBUTING [MEDICAL EXAMINER)		-						
3 20c. TIME OF INJUR	Y Month, Dey, Yee			PLACE OF INJURY (Home, far		own) (Co	ounty) (Stete)		
20c. TIME OF INJUR	10	While at work	Not While	factory, street, office bldg., et	c.)				
				m Jan:	10/05	2/7 10	966, that (I) (we) last		
21. I certify in	ad alive on 3/		19/0 and the	hat death occurred at	M from the	causes and on	the date stated above.		
22a SIGNATURE	0	1)	n 1	iai dealii occuroo di		, caasos ano on	22b. DATE		
Jam	es To To	all	bacy	M.D. ATTENDING		TAFF HYS.	3/7/16 SIGNED		
22c. PHYSICIAN'S NAME (Type)	Tomes h.	hau	bach	1903 W	ooded U	lay Ade	elphi, md		
23e. BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THER	EOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATIO	N (City, town or cour	nty) (Stete)		
BURIAL	3-9-6	6.	REGINA CO	NVENT CEMET		ATTSVILL			
24 FUNERAL DIRECTOR	S SIGNATURE	Edlin	ADDRESS WAS	H. D.C. 25a. RE	EC'D BY REGISTRAR	256. REGISTRAR'S	SIGNATURE		
FRANCIS &	. COLLIN	S 382	21 14TH. ST	. N. W. DAMA	R 8' 195	3 Miliane	en Judge		

EDECATOR ANTENNA OF SECTION AND SECTIO THE TO COLUMN SEZI 14TH. ST. H. V. SEE

MARYLAND STATE DEPARTMENT OF HEALTH funeral and 2 death. after death PLACE OF DEATH 1. by the final Pages 1 ars after Prince George's MARYLAND b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b filled in by papers. Page nin 72 hours hours Cheverly 15 days d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) 24 within Prince George's General Hospital within ely. carbon NAME OF Middle et DECEASED Jessie event, compli (Type or print) executed 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX remove any Female White and WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 0 the attending physician t permit. Then please pe during most of working life, even if retired) and Own Home Housewife certificate 13. FATHER'S NAME гетома Unknown 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 0 death (Yes, no, or unkown) | (If yes give war or dates of service) transit perm cremation, o 26 1013 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the been signed by the burial-transit or to burial, crema PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. has The law CERTIFICATION for use Health certificate PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached fire Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED be de State Hour a.m. After Id be d While Not While retained by p.m. at work at work DIRECTOR: A saw the deceased alive on March 5 22a. SICNATURE M.D. pa 運 O HOSPITAL FUNERAL PHYSICIAN'S director, p NAME (Type) Hageage, MdD. 4 George 23b. DATE THEREOF BURIAL, CREMATION, 0 REMOVAL (Specify) 2/8/666 Ft. Lincoln Burial 24. FUNERAL DIRECTOR ADDRESS

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Hyattsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5350 Quincy Pl YES DATE Year Month Dismuke 19 66 March DEATH DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS birthday) | Months | Days Hours 12/4/95 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S.A. Prince George Co, Md. 14. MOTHER'S MAIDEN NAME Mary Geiger 17. INFORMANT Address Edward C. Dismuke Same as #2 (husband INTERVAL BETWEEN DNSET AND DEATH PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO . YES [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from Feb. 18 ______, 19_66, to March 5 , 1966 , that (I) (we) last 19.66, and that death occurred a8:15PM, from the causes and on the date stated above. :15 pm 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 22d. ADDRESS 38th Ave., Cottage City, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Colmar Manor, Md. 25a. REC'D BY REGISTRAR | 25b. RECISTRAR'S SICNATURE Francis Gasch's Sons Hyattsville, Maryland

VR A15 (4) 20M 1/65

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FOR STAY

y delay is ond 3 to PM3. Page

This certificate should be executed within 24 hours after death.

Office along with form Item 18. Give Poges 1,

per

in pencil

necessary, please execute the certificate, writing the word "pending" in pen the funerol director. Page 4 should be forworded to the Chief Medical Exam

Poge /

VR A15ME (5)

6M 1/66

CAL EXAMINER:

TO DEPUTY ME

with the State Deportment of within 72 hours ofter death. event and 2 in ony Eile pup removal, 0 burial, cremotion, ø OS nsed pe its designoted ogent, prior to may be retoined for your files. FUNERAL DIRECTOR: Poge 3 should 5 may be 10 FUNERAL Health or i

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS. Item MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission o. COUNTY b. COUNTY Prince George's MARYLAND District of Columbia b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 2 days Cheverly Washington d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) Prince George General Hospital YES NO X 1 Street Middle 4 DATE 3. NAME OF Lost Year Doy DECEASED OF DEATH Dodson (Type or print) Willie YEAR IF UNDER 24 HRS 9. AGE (In years IF UNDER S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours WIDOWED DIVORCED unknown Negro 10o. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired) INDUSTRY **COUNTRY?** U.S.A Handy man Jukk yard Virginia
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH

	792 X IMMEDIATE O	AUSE (a) OT OTHER	
	/ / X X	DUE TO	
	Conditions, if ony, which gave rise ta immediate couse (a), stoting the underlying couse	(b) DUE TO	
	last.	(c)	
ATION	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES 3 NO
L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Ye Haur a.m.	ar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, While Not While at work at work at work at work)	(County) (State)

death resulted fram: Natural causes Accident Suicide ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Homicide (

Inspection X

22. DATE SIGNED

and in my opinion

NAME (Type) John Kehoe, M.D. 23b. DATE THEREOF BURIAL, CREMAT 3-28-66

23c. NAME OF CEMETERY OR CREMATORY Harmony Mem. Park

Riverdale, Md.

3-22-66 Address (Street, city, tawn, ar county) 23d. LOCATION (City or Town) (County) (State) Pr.GEO. County Md

Inquiry 🔯

Undetermined monner

Bur 24. FUNERAL DIRECTOR B.F. Taylor

ADDRESS 909 6th St.N.W.

21. I certify that I took charge of the remains described above, held an Autapsy

2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04	172			CERTIF	ICATE	OF DEATH			()4	162	1
1. PLACE C	OF DEATH					2. USUAL RESIDENCE (Where deceased	lived, if institution		efare admis	ssian)
	Prince OR TOWN (If outsid	George	6	MARY		D, (~	
b. CITY	OR TOWN (If outsid RURAL and give n	e corporate limits	с.	LENGTH OF STAY II	N lb	c. CITY OR TOWN (If or	itside carparate	limits, write RURA	AL ond give ne	arest town)	
Gle	enn Dale	Frural)	6	mos., 2	2 dy	Washing	on		4	7 - 3	
d. NAME	OF HOSPITAL OR II	NSTITUTION (If no	t in haspital, give	street address)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
Gler	n Dale H	ospital				635 L St.	N. W.				NO P
3. NAME (OF .	Fit	st	Middle		Last	4. DATE	Month		Day	Year
(Type at	ED r print)	John		D.	E1	lison	OF DEATH	March		18	9 66
S. SEX		OR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH			IF UNDER 1 YE		
Male	Neg	ro	WIDOWED X	DIVORCED		12/4/1905		last birthday) 60 yrs.	Manths Da	iys Haur	rs Min.
10a. USUAL	OCCUPATION (Give k	ind of work dane		OF BUSINESS OR		11. BIRTHPLACE (County	& State, or farei	gn country)		N OF WHAT	
	t af warking life, ever DOPET	n if retired)	INDUS	TRY		Dillon, S.	C		COUNT	USA	
13. FATHER						14. MOTHER'S MAIDEN	NAME			0011	
0	7114					Julia McC					
15. WAS D	cge Ellis	ARMED FORCES?	16, 500	AL SECURITY NO.	17. 1	NFORMANT	rae	Address	S		
(Yes, na, ar	ECEASED EVER IN U.S. unknown) (If yes g	ive war ar dotes a	f service)								
No	AUCE OF DEATH (F		unkn	own	fare	ecedent tion of sma	11 1016	satine (80 cmil	INTERVAL E	DETMIEFAL
IB. C	AKI I. DEATH WAS	CAUZED RA:	trith	(b), and (c).)	ntaro	tinal hlad	ing	DOTTIC (L	ONSET AN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO acute diffuse peritonitis with pelvic and left										
Condit	Conditions, if any, which gave) (b) subphrenic abscesses [6] Subphrenic abscesses										
	immediate cause	gave (a),	(b) suppri	enic abs	cess	e8	41	7. 7		o day	/ 5
	the underlying c					cystitis of					
last.						f the urina			daysp		VIII A BANK
		_				HE TERMINAL DISEASE CO				19. WAS A	RMED?
bro	nchopneur	nonia; a	cute pro	statitis	; act	ate and chr	onic py	elonephr	ritis	YES X	NO 🗌
OR CO	CCIDENT WAS UNDER NTRIBUTING CAUS HER, NOTIFY MEDICAL	SE OF DEATH	205. DESCRI	BE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I ar Part I	of item 1B.)			
20c. T	IME OF INJURY Ma Haur a.m.	nth, Day, Year		Y OCCURRED Nat While of wark		E OF INJURY (Hame, farm		(City or town)	(Caunty)	(State)
	p.m.	19	While of wark				7.5			1 11	
2	I. I certify tha	ta(I) (this has	pital) attended	the deceased	from	death accurred at	05 A la	March 18	1900	, that ¾ ()	(we) la
		d alive an	aren 16	1900_,	and that	death accurred at	M,	tram causes a			red abov
22a.	SIGNATURE	MAN	110			ATTENDING	MED.	STAFF PHYS.	22b. DATE:		
- 00	D. W. C. C. A. LUC	00011	- M		M.D				3/18	/00	
	PHYSICIAN'S NAME (Type) Mc	e Weiss	M. D.					ale Hosp	ltal		
						Glenn Dal	Mary Mary	land			-
	LL, CREMATION, IVAL (Specify)	23b. DATE THI		3c. NAME OF CEME			1 3	TION (City or Tow	,	unty)	(State)
	11 17	3-25	-66	HARM	つんと	Mem TAR.	1 60	endough		ma	-
	RAL DIRECTOR								SISTRAR'S SIGN	ATURE	99
100	- 15 mil d	LITNE	1 1/9 /19	2011 511.	White	NIN AMD	7 / 10	CO MI	1. 1.	7	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remake carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and remay event, within 72 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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	L St. M. 16.	4.00		Olenn Dale Hospital
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	1905 60	12/0/		ongolf sfat
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			de objetion in	
	condition of the same of			
Margar - 33	Cherry & History	Aug. 2	20 18 18	NI CONTRACTOR
3/18/66			510	tuly a second
	num etal onelo	an ID	.0 .31	, asiah usi

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
2.179	CERTIFICATE OF DEATH	04169

	5 Feb 5	,		OLKIIIIO		OI DEAL					X.	0.0_	
1.	PLACE OF DEATH	rince Georg	oes.	MARYLA	ND	2. USUAL RESIDEN			b. COUNT	Υ			100
	b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits.	c. LENGTH OF STAY		c. CITY OR TOWN (ryland If outside	corporate	limits, writ	e RURAL	Geor	Pileales	town)
		heverly		30 days		d. STREET ADDRESS	attsvi	lle			1	6.1	
	d. NAME OF HO	SPITAL OR INSTITUTIO)N (If not in h	ospital, give street add	ress)	d. STREET ADDRESS	S				е	DN A F	ARM?
		eorges Gen	eral Ho	spital		522	29 421	nd Pl	ace		1	ES 🗌	ND CX
3.	NAME DF DECEASED	Fi	irst	Middle		Last	4. DA	in	Month		Day	Yea	r
_	(Type or print)		Helen	Sara		Eskite	DE	ATH	Marc		22	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ ^{8.}	DATE OF BIRTH		9. AGE	(in years ill pirthday) N	Onths I	1 YEAR Days	Hours	24 HRS.
	al8	White	WIDOWED			20 Dec.,	1892	73	yrs.				
10a dur	. USUAL OCCUPAT Ing most of work Housewi	Ing life, even If retire	done 10b. K	NOUSTRY Home		Michig	1000	ate, or fore	ign country)	U. C.	DUNTRY S. A	OF WHAT	
13.	FATHER'S NAM	E				14. MOTHER'S MA	DEN NAME			1			
	Frank F	airfield			254	Jesse 1	King						1.00
15.	WAS DECEASED	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17.	FDRMANT			Address				_
	10, or unkown)	(If yes give war or dates o		none	H	enry R. E	ekite	Sam	10 25	#2	hue	band	1
Î		DEATH Enter only on		ine for (a), (b), and (c).		mry it.	BICIUC	Dan	10 45	11 6	-	RVAL BET	
		ATH WAS CAUSED BY	,			Pub ald					ONS	ET AND D	EATH
1	463	IMMEDIATE CAUSE		tiple Pulmo				• •		-	-	-	
ı	Conditions, If	DUE		ombophlebit	ıs,	Telf Tower	extr	emity	7				
	gave rise to	Immediate ((b)					-			-		-
	cause (a), si underlying caus												
S			(c) ONS CONTRIBU	UTING TO DEATH BUT NO	TRELATI	D TO THE TERMINAL	DISFASEC	ONDITION	GIVEN IN P	ART 1(a)	119.	WAS AU	TOPSY
CATIO				BOTH BOTH				O TOTTONIA AND			YE	PERFORM	
CERTIF	20a, ACCIDENT DR CONTRIBUTI	WAS UNDERLYING DATE OF DEA	TH 20b. I	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature	of Injury Ir	Part I or	Part II of	Item 18	.)		
- 1		NJURY Month, Day,		NJURY OCCURRED 20	o DIACI	OF INJURY (Home,	farm 201	. (City o	r town)	(Co)	inty)	(\$	tate)
EDICAL	Hour a.r	4	While			street, office bldg.,		. (City 0	town)	(60)	211157	(3	/
ME	р.г	/	at worl	k at work				-	0.7	/	1		
			pital) attende	ed the deceased from			19 20,		-21	, 196	,	at (I) (w	
		ceased alive on	3-21	19 <u>C</u> , and	d that	leath occurred &	,50AM,	from the					above.
	22a. SIGNATU	e Kerte	7		M.D.	ATTENDING PHYS.	MÉD. DIRECTOR	ST PH	AFF YS.	22b. D	2 2	66	
	22c. PHYSICIA NAME (T)	ama\	Deitz,	M.D.		22d. ADDRESS Prince Ge	orge'	s Pla	ıza, H	yatt	s v il	le.	Md.
23a	BURIAL, CREM	ATION, 23b. DATE		23c. NAME OF CEM	ETERY C				N (City, tow			(Sta	-
	Burial (Spe	3/25	/66	Cedar Hi	i11		S	uitla	nd		N	Ad.	1
24.	FUNERAL DIRE	CTOR		ADDRESS	in i	25a. R	EC'D BY RI		25b. RES	ISTRAR	'S SIGN	ATURE	
I	rancis	Gasch's Sc	ns Hva	attsville, M	d.	DATE	K Z 8	1966	que	land	es fo	edge.	

VR AI5 (4) 20M I/65

Calana Share - Indian Share and - Indian Share a militratingH avmb 08 virtue c. lings Lerique l'adminit espose sonir." Blows 20 Dec. 1692 73 -· or c rv it it is an Loses in is ci_is_ (DESERT) IN SECURE OF THE CONTROL OF Elle Wilhead Standary Substitut Aeron Polis, M.D. - Frince Horse's Flaza, Hystickille, Ed. 1 .2 2 30 2.12 while the property pade

nois coult four yourvillo,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND S	TATE DEP	ARTM	ENT OF	HEALTH		
	RESEARCH AND					1, M/	ARYLAND
05176	CEDT	FIELCATE	OF	DEATH		11 1	402

1 DIAGE OF DEATH	A HOUSE PROJECTION (IMP. d. and Hart IV Institution Delibert Information)
1. PLACE OF DEATN a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
PRINCE GEORGES MARYLAND	MARYLAND PRINCE GEORGES
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) OXON HILL 20 YRS	OXON HILL
	d, STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
	5002 WHITE OAK DRIVE YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) MASSIMO FERR	RARI DEATH 3 - 22 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
MALE WHITE WIDOWED DIVORCED /	10-12.1891 Tast birthday) Months Days Nours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY INDUSTRY INDUSTRY	COUNTRY?
	14. MOTNER'S MAIDEN NAME
T. I.I.	14. MOTHER S MAIDER HAME
JOHN MERRARI	IHERESA AMBROGI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19.	NFORMANT Address SAME AS
NO - 377-48-1629 C	AROLINE C FERRARI 20
18. CAUSE OF DEATN [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	A COLLINA CLASSES ONSET AND DEATH
IMMEDIATE CAUSE (a)	of suggest with
DUE TO	La sa 6 Ce as 1
Conditions, if any, which gave rise to immediate (b) Uel + Uel	raser - cours.
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
ICA ICA	YES NO
PART II. OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO THE	RED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factory while at work at work	y, street, office bldg., etc.)
p.m. 19 at work at work	1 2 (
21. I certify that (I) (this hospital) attended the deceased from T	1956, to 2 22, 19 5 that (1) (we) last
saw the deceased alive on 3-2 1986, and that of	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M.D. M.D.	ATTENDING MED. STAFF DIRECTOR PNYS. D 3-24-66
22e. PHYSICIAN'S	22d. ADDRESS
NAME (Type) b, W 150 TS/EG UT	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 1 23d. LDCATION (City, town or county) (State)
REMOVAL (Specify)	- 051 - 0101 - 100 - 00 - 100 - 10011
BURIAL 3-26-1966 MT OLIVET 24. FUNERAL DIRECTOR ADDRESS	1 25a. REO'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	STAMAR 28 1966 Clearles Judge

VR A15 (4) 15M 4-64

AND SECOND RESIDENCE OF THE PROPERTY OF THE PR

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04175

FOR STATE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04165

HEALTH	DEPT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside	ence before odmission)
is to	p et		o. COUNTY Prince George MARYLAND	o. STATE b. COUNTY Maryland Pri	nce George
delay i and 3 to A3. Pag	partment af ofter death.		b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve neorest town)
2, and PM3. P	er er		write RURAL ond give neorest town) Riverdale		
2, P.	aft		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	Hyattsville	e. IS RESIDENCE
es 1, farm	e State Department 72 hours after deat				ON A FARM?
th. iges h fo	tate bol		Leland Memorial Hospital NAME OF First Middle	5608 36th Avenue	YES NO 🔀
haurs after death. If the tem 18. Give Pages 1, Office along with form	72	3.	DECEASED	OF .	Doy Year
after 8. Give	pages land2 with the S in any event within 72	1	(Type or print) VIRGINIA GRAYSON SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		16, 19 66
aft 8. (MA NATIONAL PROPERTY OF THE PR		WINDOWED TO DIVONCED TO	Tanana 1000 last birthdoy) Months	Doys Hours Min.
haurs Item 18 Office	ent ent		Female White WIDOWED DIVORCED		ITIZEN OE WHAT
	lan	dur	ring most of working life, even if retired) INDUSTRY		OUNTRY?
24 in er's	es	1	Morgage Loan Dept. Bank		U.S.A.
within pencil xamine	pag in	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
executed within 24 inding" in pencil in Medical Examiner's	File		Grayson Carter	Annie Marshall	
ed v		15 (Y	es. no. or unknown) I(If yes give wor or dotes of service)	7. INFORMANT 306 Stemme	ers Run Rd.
dico	ava	,	no J	oannen Sullivan Baltimore 21	
be execute "pending" ief Medical	burial-transit permit. matian, ar remaval,		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	Datumore 21	DALCKAME DESALEED
"pe "pe	arı		IMMEDIATE (AUSE (a) Massive intrace	rebral hemorrhage, right	ONSET AND DEATH
e shauld the ward ta the C	II-tro		33/X DUE TO internal caps		
sha * t	urio		Conditions, if ony, which gove rise to immediate couse (a), (b) Cerebral arteri	osclerosis	
th the	a b	1	stoting the underlying couse DUE TO		
fica ting rde	SD ,		lost. (c)		
s certificate shauld be executed e, writing the ward "pending" i farwarded to the Chief Medical	used as a burial-transit permit- burial, cremation, ar remaval,	Z	PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PEREOR MED?
	be u	ATIC			YES NO
INER: This e certificate, shauld be fo	d b	CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	D. (Enter noture of injury in Port I or Port II of item 18.)	
R: erti	should t, priar		CAUSE OF DEATH.		
S o L	3 st	MEDICAL			ounty) (Stote)
AM the	aur riles. ige 3 should agent, priar	ME	Hour o.m. p.m. 19 While Not While of work	octory, street, office bldg., etc.)	
MEACAL EXAMINER: please execute the cert director. Page 4 shault			21. I certify that I took charge of the remains described above,	held an Autopsy X, Inspection X, Inquiry X,	ond in my opinion
AL exe	alnea rar y IRECTOR: Po designated			uicide , Homicide Undetermined monner	_
se ecto	REC esign		Total	CHIEF MEDICAL EXAMINER	_
MEAN please directo	Its d		SIGNATURE OMERCIES DELENS	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TY.	RAL or it		EXAMINER	DEPUTY MEDICAL EXAMINER	3/17/66
SSOT	S E S		NAME (Type Cornelius J. Burns, M.D. Cheverl	y Md Address (Street, city, town, or county)	
necessary, the funeral	TO FUNER Health	230	D. BURIAL CREMATION. 23b. DATE THEREOE 23c. NAME OF CEMETERY ((County) (Stote)
01 c = 2	72 T	E	ntombment 3/21/66 Ft. Lincol		, , , , , , , , , , , , , , , , , , , ,
		24	ntombment 3/21/66 Ft. Lincol	Colmar Manor	SIGNATURE
VR /	A15ME (5)	1	Francis Gasch's Sons Hyattsville, Md	MAR 2 1 1966 fcliant	es Judge

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Fig. 1 . aug. croson Luciacamata, e trest Simpose against

n memeloredrois internal

Treates, J. Lune, E. . . Presente, Len.

MADVIAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	ALLEN
DIVIDION OF STATISTICAL RESEARCH AND RECORDS, 301 W. FRESTON STREET, DALIMONE I, MAKIL	ANU
04176 CERTIFICATE OF DEATH ()4	166

	1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Prince George's MARYLAND	a. STATE Maryland b. COUNTY Prince George's
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Cheverly 2 days	Mitchellville /6-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENCE
1	Prince George's General Hospital	Box 1100 ON A FARM? YES NO
	3. NAME OF First Middle DECEASEO	Last 4. DATE Month Day Year
	(Type or print) Ella	Fletcher DEATH March 26, 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
100	Female Colored WIOOWEO OIVORCEO	3/3/1885 Bat birthday) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewile At Home	Maryland
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John W Fletch-Dennis Conte	Ella Contee
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, no, or unkown) (If yes give way or dates of service)	osie Brooks Mitchelloille Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Cercheo Vas	colar Accident ONSET AND DEATH
	33/ IMMEDIATE CAUSE (a)	
	Conditions, If any, which DUE TO atteryoscles	
-	gave rise to immediate /	.03/3
л	cause (a), stating the DUE TO	
	underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
1		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a, ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
- 1		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While fact p.m. 19 at work at work	ory, street, office bldg., etc.)
	21. I certify that (* (this hospital) attended the deceased from	farch 24 , 19 66, to March 26 , 1966 , that XI) (we) last
3	saw the deceased alive on March 26, 19 66, and that	at death occurred at 4 A.M., from the causes and on the date stated above.
Н	22a. SIGNATURE	22b. DATE SIGNED
	Edwin Jensen M.	D. PHYS. DIRECTOR PHYS. March 26, 1966
	22c. PHYSICIAN'S	22d. ADDRESS
1	NAME (Type) Edwin J. Jensen, M.D.	Prince George's Genl. Hosp. Cheverly, Md.
1	23a. OURIAD CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	1. 12 1 1 1 1 1
01.	24. FUNERAL DIRECTOR ADDRESS	
)		Ave NAR 3 I 1966 Hereney Judge
1	A. 2100 Halling Jan - June Deblic	OATE OATE OF 1300

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

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Edwig J. Jensen, M.D. Prince George's ogni. desp. Chewariv, Holl

TO HOSPITAL STEENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 (2) be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after The law requires that the death certificate be executed. VR A15 (4)

15M 7/61

		O4177 CERTIFICAL RESEARCH AND RECO	RDS, 301 W. PRESTON STREET, BALTIMORE 1, A ATE OF DEATH	04167
		PLACE OF DEATH COUNTY PRINCE Slanges MARYLANI	2. USUAL RESIDENCE (Where deceased lived, If institution: Re b. COUNTY)	esidence before admission)
2	1.	c. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1 write RURAL and give peacest flown) 3 445	M. Hyttovole	16-1
0		1. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	6421 Sakglant Rol.	e. IS RESIDENCE ON A FARM? YES NO
	8	NAME OF DECEASED HAP VEY Ells worth	Flory DEATH Mapch	Doy Year 1966
9	0	Male White WIDOWED DIVORCED	De- 23,1882 83 45.	Pays Hours Min.
	do	USUAL OCCUPATION (Give kind of work of the property of the pro	JSTRY 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITI Rattovelle Officer 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	SA
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANTONIA Bill Indon's	elf
	(Ye	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	1431 Bougant Prof. HYATTSVIL	LE Mb
Ī		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Preumoni Due to	in browhial acute	Solary
		Conditions, if eny, which geve rise to immediate cause (a), stating the underlying DUE TO	20.11	9 112
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BYT	CULAN COCADIN T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. Was AUTOPSY
^	TEICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRED. (Enter neture of injury in Part I or Pert II of item 18.)	YES NO NO
	AL CERTIFIC	OR CONTRIBUTING ☐ CAUSÉ OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, ferm, † 20f. (City or town) (Cour	nty) (State)
	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	factory, street, olfice bldg., etc.)	
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Machine 1966, and the deceased alive on the same than 1966.		he date stated above.
1		220. SIGNATURE Liely E. Jones 22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS C 22d.	22b. DATE SIGNED
	-	MANS HYPOLIP E. JOHES, M.I.	Silver Spring John	Agres (San)
	23a	REMOVAL (Specify) 3-24-1966 Rewton 7	Talls Grade Newton Halls,	Ohio
	24	M. W. Chambers Co Twerdalf	6, Md, 25MAR 27 4 1966 256 JESTRAR 35	Judge.

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

04168

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE HEALTH DEPT. P.M3. Page

in pencil in Item 18. Give Pages 1, Examiners Office along with farm

This certificate shauld be executed within 24 haurs after death.

CAL EXAMINER:

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necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director. Page 4 shauld be farwarded to the Chief Medical Exagences.	5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page. Health or its designated agent, priar ta burial, crematian, ar removal, and in any
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1111	DEF I.		PLACE OF DEATH					Z. USUAL KESIDENCE	where deceased live			e oamission)
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۵.	dea		b. CITY OR TOWN (If	autside carparate limits		c. LENGTH OF STAY II	V 1b	c. CITY OR TOWN (If o	utside carporote limi			
PM3. Page	rtm		write RURAL and c			DOA		Aquasco			11	_/
	af			OR INSTITUTION (If no	nt in haspital, g	ive street address)		d. STREET ADDRESS				ON A FARM?
drn	e D gurs		Prince G	eorge's Ge	heral 1	Hospital		Rt. 1. Box	45			YES NO
÷	e State Department of 72 haurs after death.		NAME OF	Fi		Middle		Last	4. DATE	Month	Day	Year
<u> </u>	the in 7		DECEASED (Type or print)	Cather	rine			Ford	OF DEATH	3	25	3 19 66
gub	with the	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH			Months Days	IF UNDER 24 HRS. Hours Min.
Office alang with farm	2 w t	Fe	male	Negro	WIDOWED	DIVORCED		7 March 19		yrs.	molillis Days	Hours Min.
ij	and 2 event	10a	. USUAL OCCUPATION (I	Give kind of work dane	10b. KII	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State	e ar fareign cauntry)	7 - 1	12. CITIZEN OF COUNTRY?	WHAT
7	duy	001	HOUSE W		1141	7031K7		Frince	Croige (o. Nd	COONTRY	
	Ë	13.	FATHER'S NAME	1 11	_			14. MOTHER'S MAIDEN	NAME	010		
Exap	0 TO		Tober	Malter.	Davo	1		Linda	Jane	14 -	See	
<u>=</u>	# H			IN U.S. ARMED FORCES? If yes give war ar dates of	f service) 16. S	OCIAL SECURITY NO.	17. IN	FORMANT	F21-1-	13 Off	45	
dic	ova						Her	my tord	agua		vld.	
Me	ar removal,		IB. CAUSE OF DEA	TH (Enter anly ane cau WAS CAUSED BY:					/		INT	RVAL BETWEEN
hie	burial-transit matian, ar re		PART I. DEATH	IMMEDIATE CAUSE	(o) Hear	t failure					mir	et and death nutes
) e (al-tr ian,		4200	DUE	TO							
‡ D	nat		Canditians, if any, w	couse (a)		riosclerot	ic he	art diseas	e		unl	mown
- p	used as a burial-tr burial, crematian,		stating the underly	ring cause DUE	-							
arde	d as ial,		last.	JUNE CONDITIONS O	(c)	O DEATH BUT NOT BEL	TED TO TH	r republish piccase co	NETTON OFFER ALL	ADT I(-)	110	WAS AUTOPSY
be farwarded ta the Chief Medical		NOI			_		AIED IO IN	E TERMINAL DISEASE (O	NUTTION GIVEN IN P	AKI I(d)		PERFORMED?
e f	be to	FICAT	20a. EXTERNAL CAUS			years	CLIPPED (F	nter nature of injury in	Part I at Part II of	item 18)	YE	S NO V
-	shauld E	CERTIFICATION	PRIMARY I or CONT CAUSE OF DEATH.		200. DL	CKIDE NOW INJURY OF	CORRED. (L	mer nordre of mjory m	ron rai ran nai	ileili Ib.)		
shauld files.	sho		20c. TIME OF INJUR	Y Manth Day Year	20d. IN	JURY OCCURRED	20e. PLACE	OF INJURY (Home, far	m. 20f. (City	or tawn)	(Caunty)	(State)
4 7	ge 3	MEDICAL	Hour a.m.	19	While	Nat While	factor	y, street, affice bldg., etc	.)	,	` ''	, , ,
age	O FUNERAL DIRECTOR: Page 3 shou Health or its designated agent, pr		p.m.		of wark		ave held	an Autopsy ,	Inspection 2	- Inquir	ry 🔀, and	in my opinior
r. P	TOR nat		death resulted			Accident		le, Hamicide		rmined mor		in my opinion
ecta	REC esig		death resource	110111	N	, Accident,	30100	CHIEF MEDICAL		minea moi		
dir	D SI		ACTUAL SIGNATURE		100				DICAL EXAMINER		2	2. DATE SIGNED
eral	RAL or i		EXAMINER'S	V-M					AL EXAMINER			
to S	E E		NAME (Type)	ohn Kehoe		Riverdal			t, city, tawn, or cou	nty)	3-1	23-66
the tuneral directar. 5 may be retained f	Hea	230	. BURIAL, CREMATION, REMOVAL (Specify)			23c. NAME OF CEME			23d LOCATION	(City or Town	n) (County)	(State)
	TO FUNERAL Health or it		Durlan	1 3-26	366	Bryanto	WIT-	Centery	110149	Mown		-
VR A	15ME (5)	24	FUNERAL DIRECTOR		un de	ADDRESS	17	11 . 444	D BY REGISTRAK	4	strar's signatur	t
6N	1/66		. 1661 6660	C CEUEL //LUS		Tree a co	/ / /	DAMA	R 3 0 196	DI F	- rus	1

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FOR STATE P.M.3. Page

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate shauld be executed within 24 haurs after death.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and with the State Department of under the control of the control o

the funeral director. Poge 4 shauld be farwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04179		MEDICA	L EXAMINE	R'S (ERTIFICATE O	F DEAT	Н		04	1169	
1.	PLACE OF DEATH o. COUNTY Prin	ce George 's	3	MARYLA	IND	2. USUAL RESIDENCE (V o. STATE Maryland		bCOL			,	
	b. CITY OR TOWN (If out: write RURAL ond give Beltsvill	side corporate limits, nearest town)		ENGTH OF STAY IN	lb .	c CITY OR TOWN (If our Beltsvil	tside corporot					
	d. NAME OF HOSPITAL OR Pershing D		hospitol, give st	reet oddress)		d. STREET ADDRESS Pershing				e. YE	IS RESIDENCE ON A FARM? S NO	_
3.	NAME OF DECEASED (Type or print)	First Lewis	-	Middle		lost Ford	4. DATE OF DEATH	Moi	nth	Doy	Year 19 66	
	SEX 6. C	OLOR OR RACE 7.	MARRIED I	NEVER MARRIED DIVORCED	B.	DATE OF BIRTH	9.	AGE (In yeors lost birthdoy) 76 yrs.	IF UNDER 1 Months	YEAR I	F UNDER 24 HI Hours Mil	RS.
dur	o. USUAL OCCUPATION (Give ring most of working life, e Painter	kind of work done ven if retired)	INDUSTR	BUSINESS OR y truction	1	11. Birthplace (State Maryland	or foreign co	untry)		ZEN OF W	/HAT A	
		B Ford				14. MOTHER'S MAIDEN N	ia G	umpf				
15 (Y	. WAS DECEASED EVER IN U es, no, or unknown) (If ye: ——	.S. ARMED FORCES? s give wor or dotes of ser	16. SOCIAI 79 O.	SECURITY NO. 1 8424		ohn ord	Ri	verdale				
	1B. CAUSE OF DEATH PART I. DEATH WA	(Enter only one couse po S CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	1 1. 1							ONSET	VAL BETWEEN AND DEATH ULES	
	Conditions, if ony, whice rise to immediate coustoting the underlying lost.	se (o), (DUE TO	Arteri	oscleroti	ic he	eart diseas	е			unla	nown	
ATION	PART II. OTHER SIGNIFIC		IBUTING TO DEA	TH BUT NOT RELAT	ED TO TH	E TERMINAL DISEASE CON	IDITION GIVEN	N IN PART 1(a)		19. W PE YES	AS AUTOPSY REFORMED?	X
L CERTIFIC	20a. EXTERNAL CAUSE W PRIMARY ☐ or CONTRIB CAUSE OF DEATH.	AS JTING 🗆	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (E	nter nature of injury in F	Part I or Port	Il of item IB.)				
MEDICA	20c. TIME OF INJURY A Hour o.m. p.m.	Nonth, Doy, Yeor 19	20d. INJURY While ot work	OCCURRED 20 Not While of work	0e. PLACE foctor	OF INJURY (Home, farm y, street, office bldg., etc.)	, 20f.	(City or town)	(Cou	nty)	(Stote)	
	21. I certify the deoth resulted f	ot I took chorge of rom: Natural co		described obor Agaident,		on Autopsy [], le [], Homicide CHIEF MEDICAL		on 🔀, Ind determined r	nonner 🗌	ond in	n my opini	or
	ACTUAL SIGNATURE	John 1	11			_M.D. ASSISTANT MEDI DEPUTY MEDICA	ICAL EXAMINE			22.	DATE SIGNE	D
230	NAME (Type) Joh	h Kehoe, M	D. Ri	verdale,		Address (Street,	, city, town, c			-16-	66 (Stote)	-
24	Burial FUNERAL DIRECTOR	March 19	, 1966	Mt Ol	ive	Cemetery		shingto		,,,	(3.4.4)	_
_	F. Gas	sch's Sons	Hya	ttsville	, Mc	DAMAR	211	966 8	Charle	glu	dgl.	_

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE P.M.3. Poge

24 hours ofter death. If any delay is jurified 18. Give Poges 1, 2, and 3 to

in pencil

TO DEPUTY MESKAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

Coffie olong with form

04180

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit. File pages land 2 with the State Department of Heolth or its designated agent, prior ta burial, cremation, or remavol, and in ony event within 72 hours ofter death.

the funeral directar. Page 4 should be forworded to the Chief Medical Examine necessary, please execute the certificate, writing the word "pending"

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04170

	I. PLACE OF DEATH						(Where deceos	ed lived, if institut		befare (admission	1)
	o COUNTY Prince G			MARYLAND		Maryla	nd	b. cour	rince (eor	gels	S
	b. CITY OR TOWN (If	outside carparate limi give nearest tawn)	its, 🔣 c. l	ENGTH OF STAY IN 1b	c. CI1			e limits, write RUI	RAL ond give r	neorest t	own)	
	Cheverly	give nediesi idwii)		DOA		Mount	Rainie	r		16 -	1	
		L OR INSTITUTION (If r	not in haspitol, give s	reet address)	d. ST	REET ADDRESS				e.	IS RESIDE	NCE
7	Prince G	eorge's Ge	eneral Hos	pital		3204 C	hillum	Road		ΥE	-	10 N
	3. NAME OF DECEASED	•	First	Middle		Last	4. DATE OF	Mant	h	Doy	Уеаг	
	(Type or print)	He.	lena	Katherin	e F	raber	DEATH	3		19	19 6	
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9	AGE (In years last birthday)	Months D	EAR I	F UNDER :	24 HRS. Min.
	female	white	WIDOWED	DIVORCED	Apri	19, 18	87	78 yrs.	Indinis L	, oys	Iluuis	WIIII.
	10a. USUAL OCCUPATION during most of working li		e 10b. KIND O	BUSINESS OR	11.	BIRTHPLACE (Sto	te or foreign co	untry)	12. CITIZ	EN OF V	/HAT	
	during most of working if		ווגטעאו	(7	14	JASHU	V6-701	D.C		5.	A	
	13. FATHER'S NAME				14. /	NOTHER'S MAIDEN						
	John	V Such	LIVAN			BRIZ	SET	garden.				
	15. WAS DECEASED EVER			L SECURITY NO.	17. INFORM	ANT		Addre	ess			
	(Yes, na, orunknown) (If yes give wor or doles	or service)		101.	LIAM	J. 7	ABEL .	MIK	AIN	IER	
		ATH (Enter only one co		, - 177		()	Husban	d)			AL BETW	
	TANTI. DEATI	IMMEDIATE CAUS	E (0) Heart	Failure						ninu	tes	~111
	4200		E TO									
	Canditions, if ony, rise to immediate	couse (a)	, ,	osclerotio	C Hear	t Disea	se			over	W	reek
	stating the underl		E TO						ì			
	lost.	,	(c)							T.10. 14	AS AUTOP	DCV.
	B PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TER	MINAL DISEASE (ONDITION GIVE	N IN PART I(o)		PE	RFORMED	0?
	Z Z	ler wite	T		/-					YES	□ N	10 X
	200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.		20b. DESCRIB	E HOW INJURY OCCURI	RED. (Enter n	oture of injury i	n Part 1 or Port	II at item IB.)				
	20c. TIME OF INJUR Hour o.m.	RY Month, Doy, Year	20d. INJURY		PLACE OF II	JURY (Home, fa	rm, 20f.	(City or tawn)	(Caun	ly)	(St	tote)
	Hour o.m.	10	While of work	Nat While at work	toctory, stre	et, office bldg., et	c.)					
	21. I certify	that I took charg			, held an	Autopsy 🗍	, Inspectio	ın 📆, İngi	iry 📆,	and in	n my a	pinian
	death resulte	ed fram: Natur	ral causes 📆	Accident (Suicide [, Hamicid	e . Ur	determined m	anner 🗌			
		1	// TX		0	CHIEF MEDICA	AL EXAMINER					
	ACTUAL SIGNATURE	1/2	My /	en	M.D.	ASSISTANT MI	EDICAL EXAMIN	R 🔲		22.	DATE S	
1	EXAMINER'S	7	, ,	The state of the s			CAL EXAMINER	X			3-19	7-66
	NAME (Type)Toh	n Keloe M	D. River	dale, Mar	vland		et, city, town,	or county)				
	230. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE TH	HEREOF 23	c. NAME OF CEMETERY	OR CREMAT	ORY	23d. LO	CATION (City or To	wn). (C	aunty)	(Sta	ote)
	DUEIHA	3/20	1/66 1	T. CLIVE	TCE	METER)	W	ASHING	TON,	20.0	<u> </u>	
	24. FUNERAL DIRECTOR		,	ADDRESS		2Sq. KE	By REGISTR		STRAR'S IG	NATURE	age.	
	WALLEY THE	NEDDI NA	OME 1	MTRAIN	FR.	DAIL DAIL	HAI	1966	- 1	1	0	

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(17)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04181

HEALTH [

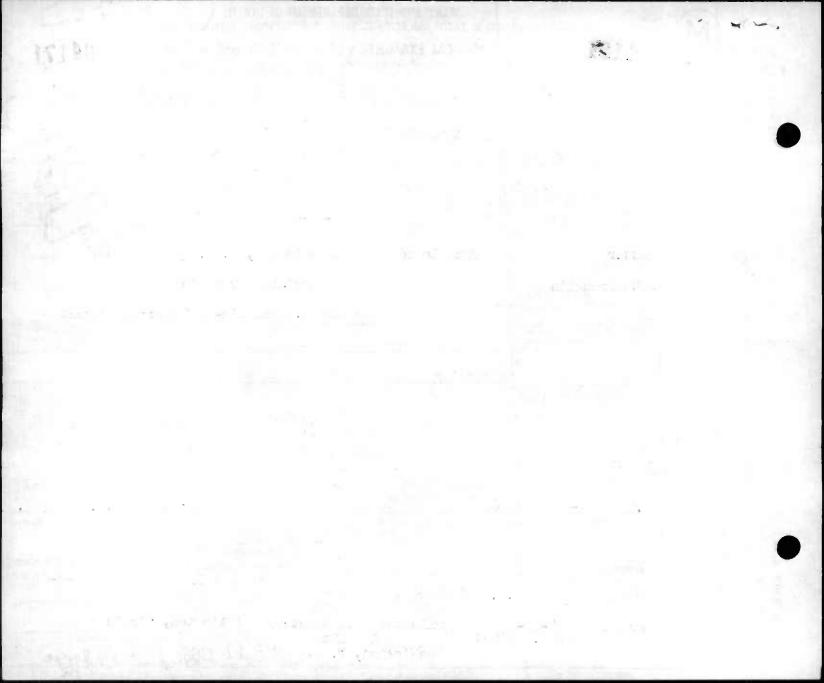
Office along with farm PM3. Page haurs after death. If any delay is Item 18. Give Pages 1, 2, and 3 ta

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04171

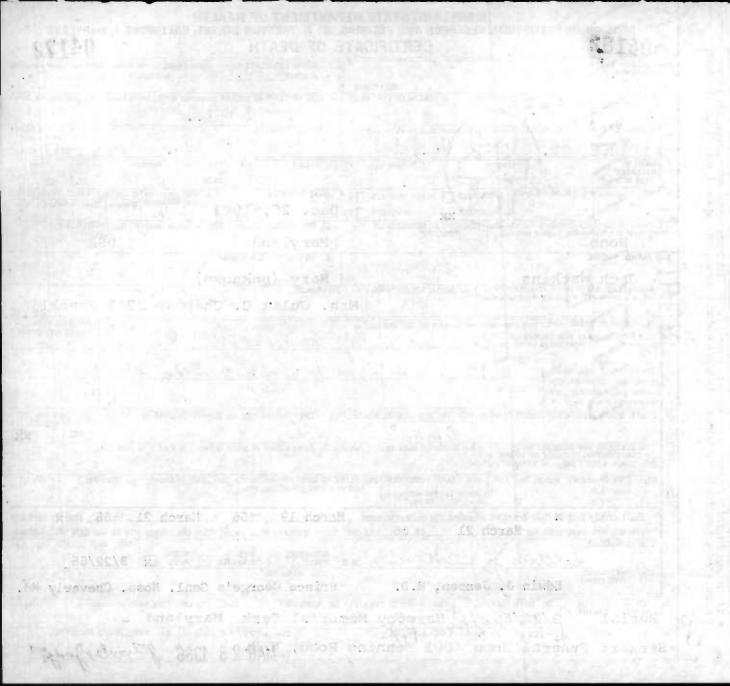
FOR STATE		04181	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	04171
EALTH DEPT.		PLACE OF DEATH D. COUNTY			Where deceased lived, if institution	
3 ta 3 ta Page ent af leath.		Prince George's	MARYLAND	a. STATE Maryland	b. coun	ince George's
Try delay is 2, and 3 ta PM3. Page portment af after death.		 CITY OR TOWN (If outside carparate limits write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RUR	AL and give nearest tawn)
77, dela 2, and PM3. F portmer after de		Landover		Landover		16-1
n fin september of the	Г	I. NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
4 haurs after death. If any delay is lem 18. Give Pages 1, 2, and 3 ta Office along with farm PM3. Page land 2 with the State Deportment of y event within 72 haurs after death.		8602 Rochier Stree	et	8602 Rock	nier Street	YES NO
Pag ith Sta 2 h			rst Middle	Lost	4. DATE Manti	
r de la we l		DECEASED Type or print) Georgia	Gordon	Franklin	OF DEATH 3	6 1966
ith long	S.	EX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last pirthday)	Manths Days Hours Min.
18.0 18.0 2 w 11 w		female Negro	WIDOWED DIVORCED	7-11-19	40 yrs.	multilis Duys Hours Mill.
haurs Item 1 Office Iand 2 event	100	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN OF WHAT
		ng mast af warking life, even if retired)	INDUSTRY Unemployed	Rockingham	. N. C.	COUNTRY? USA
		FATHER'S NAME		14. MOTHER'S MAIDEN I	VAME	
Ex Ex and in		Rath Franklin		Henrietta	Franklin	
ed v	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give war ar dates o	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	55
cute ng" dica rmit	(76	No	Ed	ward L. Fran	klin-8602 Rpeh	ier Street
shauld be executed within ne word "pending" in pending to the Chief Medical Ex (pending) burial-transit permit. File pagematian, ar remaval, and in a		18. CAUSE OF DEATH (Enter anly one cau				INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Asphyxiation			ONSET AND DEATH
ord ord al-tr		DUE	TO			
sha e w th to th		rice to immediate cause (a)	(b) hanging			
the draw draw draw draw draw draw draw draw		stoting the underlying cause DUE	10			
ting ting rrdec as al, c			(c)			
ins certificate shauld be executed icate, writing the word "pending" is be farwarded to the Chief Medical be used as a burial-transit permit. It to burial, crematian, ar remaval,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (ON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
AMINEK: This of the certificate, at shauld be far aur files. ge 3 shauld be u agent, priar to b	TIFIC	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I ar Part II af item 18.)	
INER: I	E.	CAUSE OF DEATH.	hung self in ba	sement of he	ome	
she can she	MEDICAL	20c. TIME OF INJURY Manth, Day, Year		CE OF INJURY (Home, farm		(County) (State)
EXAMINER: ute the certing age 4 shauld your files. Page 3 shau agent, pri	ME	ab.3PM p.m.3-6 196	6 6 at wark at work 1 hom	tory, street, affice bldg., etc.) LC	Landover,	P.G. Md.
MEDICAL EXA please execute il directar. Page retained far yar L DIRECTOR: Pagits designated a			e of the remoins described obove, he	eld on Autopsy 🟋,	Inspection X, Inqu	
exercited for the state of the				cide X, Homicide		
ase ase all a se ase all a se ase a se a		1000		CHIEF MEDICAL		
ple ple its		ACTUAL SIGNATURE	, Just		ICAL EXAMINER	22. DATE SIGNED
essary, p funeral and be ra Inneral lith ar it		EXAMINER'S	/ /		L EXAMINER	3-7-66
DEFULLY MEDITAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far yaur 5 FUNERAL DIRECTOR: Page Health ar its designated age			D., Riverdale, Maryl		, city, tawn, or county)	
necessary, the funeral 5 may be 70 FUNERAL Health ar i	230	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)			Arlington, Vi	
	24	Burial 3-10-6 FUNERAL DIRECTOR John T. Rh			1	GISTRAR'S SIGNATURE
VR A15ME (5)	24	LONGWE DIRECTOR O CTITA T # TATE	Stracketon, E	D. C. DMAR	11 1966 80	Garley Judge
6M 1/66			1100011111000111	DRIVE	IUUUI A-	- July Kurger



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ally event, within 72 hours after death.

DIVISION OF STAT	MARYLAND STATE DEPARTMENT OF HI	
04182	CERTIFICATE OF DEATH	()417
PLACE OF DEATH	2. USUAL RESIDENCE (W	/here deceased lived, If institution: Residence before

	CHION		Thom	OFWILLIA	275	OF DEATH	mh		()	23/6	
1.	PLACE OF DEATH	George		MARYLAI	ND	2. USUAL RESIDENCE a. STATE	Where decea	sed lived, If institution b. COUNTY		nce before ad	mission)
	b. CITY DR TOWN	N (if outside corporate limand give nearest town)	its, c. Li	ength of STAY IN	N 1b	c. CITY OR TOWN (IF	t 11 t	rate Ilmits, write	RURAL and	give neares	t town)
	d. NAME OF HOS	PITAL OR INSTITUTION (IF	not in hospital	l, give street addr	ress)	d. STREET ADDRESS	3 th A	VE.		e. IS RES ON A F	
3.	NAME OF DECEASED (Type or print)	First Edinia	Free	Middle		Last	4. DATE DF DEATH	Month	D	ay Yea	66
5.	SEX	A	IARRIED N	IEVER MARRIED DIVORCED	1	Dec. 25,			UNDER 1 YE.	Hours	Min.
10a dur	LUSUAL OCCUPAT Ing most of work! None	ION (Give kind of work done ng life, even if retired)	10b. KIND OI INDUST			11. BIRTHPLACE (Co		r foreign country)	12. CITIZE COUNT USA	N OF WHAT RY?	
13.	FATHER'S NAM	É			1	14. MOTHER'S MAID	EN NAME				
15		Watkins EVER INU.S. ARMED FORCES	7 16 SOCIA	AL SECURITY NO. 1	17 1	Mary (un	known)	Address			
	s, no, or unkown)	(If yes give war or dates of servi	ce)		Mr		C. Cha			ankl	in _N .
		DEATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Cerebb	dvascul	lav				IN O	TERVAL BET NSET AND D	DEATH
	Cenditions, If a gave rise to cause (a), st underlying caus	any, which immediate ating the DUE TO	Hasev	lar H	y pe	+teus 101	4 75c	letosis			
CERTIFICATION		IGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT	RELAT	ED TO THE TERMINALD	ISEASE CONDI	TION GIVEN IN PA		9. WAS AU PERFORI	
- 1	OR CONTRIBUTI	WAS UNDERLYING DEATH CAUSE OF DEATH	20b. DESCR		OCCUR	RED. (Enter nature of	injury in Part	l or Part II of I	tem 18.)		
MEDICAL	20c. TIME OF I Hour a.m p.n				. PLAC factory	E OF INJURY (Home, fa , street, office bldg., e	rm, 20f. (Cl	ity or town)	(County)	(S	tate)
		y that (* (this hospital)				death occurred at_					
	22a. SIGNATUR		Jer		M.D.	ATTENDING -	MED.		3/22/6	SIGNED	
	22c. PHYSICIA NAME (Ty	mal . //	Jensen,	M.D.		Prince George	rge's Ge	enl. Hosp	. Che	verly	Md.
23a	BURIAL, CREM REMOVAL (Spee Burial	ation, 23b. Date there (19) 3/26/66	HH:	1 1 06		orial Par	k Mar	ation (city, town			ate)
24	. FUNERAL DIRE			ADDRESS.				RAR 25b. REG	ISTRAR'S SI	GNATURE	2
5	Stewart	Funeral Ho	me 400	1 Behni:	ng	Road DA	28 19	age gol	carles	Judge	



FOR STATE HEALTH DEPT.

Office alang with farm PM3. Page

em 18. Give Pages 1, 2, and 3 ta

delay is

aurs after death. If

This certificate shauld be executed with

TO DEPUTY MEDICAL EXAMINER:

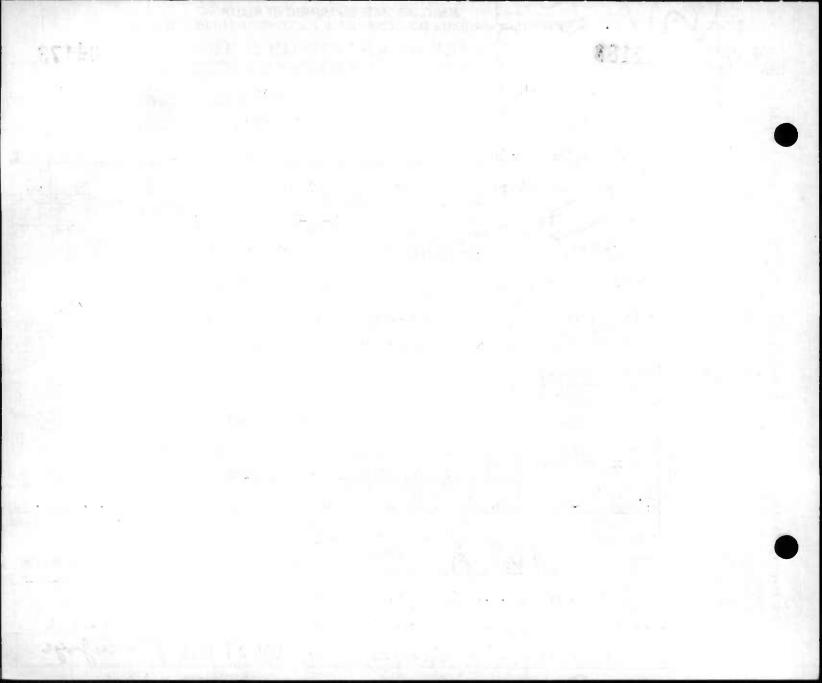
pages I and 2 with the State Department af Health ar its designated agent, prior ta burial, cremation, ar remaval, and in any event within 72 haurs after death. necessary, please execute the certificate, writing the ward "pending" in pend the funeral director. Page 4 shauld be farwarded to the Chief Medical Exami 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04188		WED	ICAL EX	AMINER'S	CERI	IFICATE C	OF DEATH		0	417	3
1.	PLACE OF DEATH a. COUNTY						UAL RESIDENCE (Where deceosed live	ed, if institution: b. COUNTY	Residence be	efore odmis	sion)
L	Princ	e George's			MARYLAND		Maryland	1	Princ	e Geo	rgels	
	write RURAL on	If outside carparate limited give nearest tawn)	its,	c. LENGTH (OF STAY IN 16			utside carparate limi	its, write RURAL			
\vdash	Belts	VIII E	and in boundary				Beltsvi.	rie		16	e. IS RES	CIDENCE
1				give street dad	ress)						ON A	FARM?
L		Naples Aver					4919 Naj	oles Aven			YES _	NO X
3.	NAME OF DECEASED		First		ddle		Lost	4. DATE OF	Manth			rear .
L	(Type or print)	Delbe		Alv			iend	DEATH	3			66
S.	male	6. COLOR OR RACE white	7. MARRIED WIDOWED	(43)	MARRIED		OF BIRTH			anths Do		ER 24 HRS. Min.
10		(Give kind of wark dan		IND OF BUSINE			~	or foreign country)		12. CITIZEN	OF WHAT	
du	ring most of working	life, eyen if retired)	1	NDUSTRY AREHO		'''	MARY	0 17		COUNTR	S. S.	
13	. FATHER'S NAME					14. N	OTHER'S MAIDEN	NAME				
		+ FRIEN	-	30%			AURA	V. UPF	HOLD			
		R IN U.S. ARMED FORCES (If yes give war ar dates	of service)	SOCIAL SECURI		INFORM VELY	N 13 FI	RIEND	SAM	E AS	#2	
Г		EATH (Enter anly ane co TH WAS CAUSED BY:	use per line fa	r (a), (b), and ((c).)						INTERVAL B	
	Gar.	IMMEDIATE CAUSI	E (a) shot	gun whi	und of c	hest					ONSET AND	DEATH
	7/67	00	E TO									
	rise to immediate	e couse (a)	(b)		<u> </u>							
	stoting the unde		E TO									
	lost.)	(c)							<u> </u>		
CERTIFICATION	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	MINAL DISEASE CO	NDITION GIVEN IN P	ART 1(a)		19. WAS AU PERFOR YES T	
FEG	20a. EXTERNAL CA		20b. D	ESCRIBE HOW I	NJURY OCCURRED	. (Enter n	ature of injury in	Part I ar Part II af	item 18.)			
EE	PRIMARY N or CO	NTRIBUTING 🗆	- ch	ot col:	f reith l	2 00	uge shot	- 02320				
B		JRY Month, Doy, Year		NJURY OCCURR			JURY (Hame, farm		ar tawn)	(County)		(State)
MEDICAL	2:00pm p.i	n.3-26 19	66 White	Nat Wh	ile re fo		t, office bldg., etc.		sville	P.G		d.
	21. I certif	y that I taak charg	ge of the re	mains descri	ibed above, h	eld an	Autopsy ,	Inspection X], Inquiry	X, 0	ind in my	opinion
	death resul	ted fram: Natur	ral causes [7. Accide	nt 7. Sui	cide X]. Hamicide	Undete	rmined manr			
		1	11 1		17		CHIEF MEDICAL	EXAMINER				
	ACTUAL	HM	2/	7-	120	M.D.	ASSISTANT MED	DICAL EXAMINER			22. DAT	E SIGNED
	EXAMINER'S	19.	(/				DEPUTY MEDIC	AL EXAMINER			3-	27-66
	NAME (Type) J		1.D., R	iverda	le, Mary	land		t, city, tawn, or cau				
23	a. BURIAL, CREMATIO	ON 23b. DATE TO		23c. NAME	OF CEMETERY OR	CREMATO	RY		(City ar Tawn)			(State)
	BURIAL Specify	13-30	-1966	ARL	INGTON	MA	TIONAL		JON, L	VIRG	INIT	-
2	4. FUNERAL DIRECTO	// //	. 6.	(P ADDI	RESS	M	2Sa. REC'	BY REGISTRAR 1968	2Sb PEGIST	RAR'S SIGNA	WRE under	<u>.</u>
	10.00.0	hamber	260	Jun	walle	7/14	DMAR	1 9 T 1900		6	1	-

VR A15ME (5) 6M 1/66



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS: Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File 1864, and 2 with the State Department of Health or its designated egent, prior to burial, cremetion, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S CEDTIFICATE OF DEALTH.

01171

1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDE	NCE (Where de			ce before edmission
Prince George's	MARYLAND	e. STATE Mary	land	b. COUN		George's
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rata limits write		
write RURAL end give neerest town)		C. CHI OK TOWN	til odiside corpc	ioio ililiis, willi	KOKAL end give	nearest rown;
Riverdale, Maryland	DOA	Hyattsv	ille, Ma	ryland	16	- /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tel, give street eddress)	d. STREET ADDRES	S			. IS RESIDENCE
Leland Memorial Hospital		3405 Toled	o Terrac	e. Apt.	K	YES NO
3. NAME OF First	Middle	Last	4. DATE	Month		Yeer
(Type or print) Edward	Dean	Fugitt	OF DEATH	March	1 17	19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	19.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
winowin				lest birthdey)	Months Days	Hours Min.
Male White WIDOWED		March 3, 18		71 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Ste	te or foreign sou	ntry)	12. CITIZEN C	F WHAT COUNTRY
Congressional Secretary (Reti	red)	Machi	noton I		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDE	ngton, I	,	1 0.5.	
Eugene Fugitt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 50		Me	riam Ski	nner		
	OCIAL SECURITY NO. 17. 1	NFORMANT		Address	4006 Cr	ittenden
(Yes, no, or unkown) (Ifyesgivewerordelesolservice)	0 00 0100					
Yes World War I 5'/	9-60-0126 _{4rs}	. Elsie Sma	llwood -	Sister		
PART I. DEATH WAS CAUSED BY:	e for tel, (b), and (c).					TERVAL BETWEEN
	combosis, ante	rior corona	rv arte	cv		
4201 DUE TO						
Conditions, if eny, which geve rise to immediate cause	teriocardiovas	cular disea	se, seve	ere		
(e), steting the underlying DUE TO						
cause lost. (c)						
	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NINAL DISEASE C	ONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
<u> </u>						PERFORMED?
5						YES NO
PRIMARY Or CONTRIBUTING	E HOW INJURY OCCURRED.	(Enter nature of injury in	Pert I or Part II o	f item 18.)		
20c. TIME OF INJURY Month, Day, Yeer 20d. IN While p.m. 19 et work		CE OF INJURY (Home, le		or town)	(County)	(State)
Hour e.m. While		ory, street, office bldg., e	tc.)			
	et work					
21. I certify that I took charge of the remain	ins described above, he	ld an Autopsy X,	Inspection	X. Inquir	y X and	in my opinion
death resulted from: Nature causes XI	Accident , Suici	ide . Homicide	Und	etermined m	anner 🗔	
I I I X			_			
		CHIEF MEDICAL	L EXAMINER -			
SIGNATURE CHELLY	revi	M.D. ASSISTANT ME	DICAL EXAMINE	R 🗌	I	DATE SIGNED
EXAMINERS		DEPUTY MEDIC	AL EXAMINER D	1	3	/17/66
NAME (Type) Cornelius J. Burr	ns, M.D.				rly, Mar	
22e. BURIAL, CREMATION, 22b. DATE THEREOF 2	2c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATI	ON (City, town	, or county)	(State)
Burial 3/21/66 F	ort Lincoln	Cemetery			or, Md.	
23. FUNERAL DIRECTOR Nalley 1 s	ADDRESS Mt. Rai				STRAR'S SIGNAT	URE
Funeral Home Inc.	Maryland	MAD	9 9 400	179	arley Ju	100
T. OHOT OT HOME THE	- ary y raila	I NAME (2 3 196	DI	ances Ju	- The state of the

VR A15ME 5M 1/63

List to the state of the state d'agraed seafr. bast tage, but Tuend and the Liverian AND REPORT AND ADDRESS OF THE PARTY OF THE P . I D Toleup Termser, E. E. Thull, Is a fi -- עוד. עודה שנובו שנו - בינוני בי בינוני בי בינוני בי בינוני Territories of relation, siscential nunda, a men a manda di caso in stri 3/27/06 roch us o. a ring. . . . والدارات والمراجع المناز المرادا 3 (16 6) THE PROPERTY OF THE PARTY OF TH

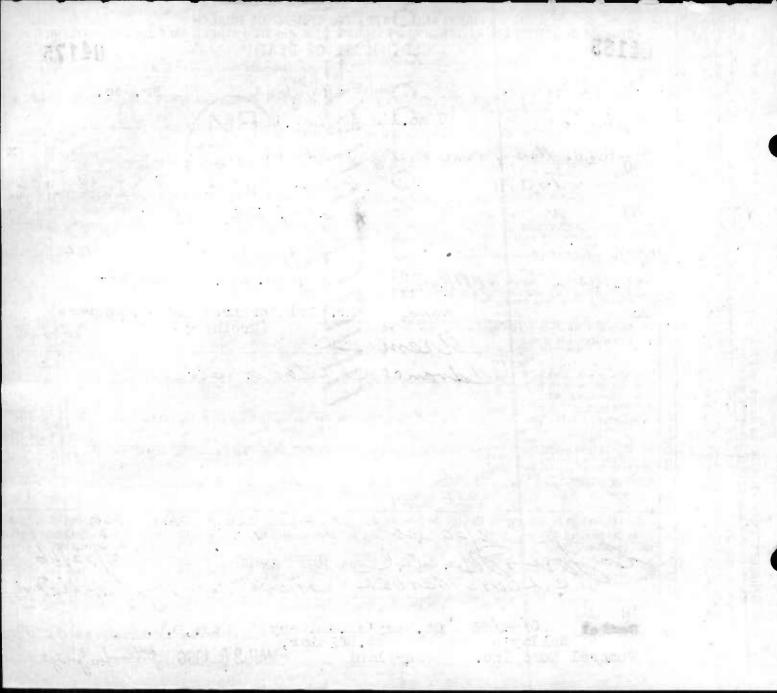
10 CA 10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signal by the attending physicial end-opmpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Permote carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

	MANUEAND STATE DELANTIMENT STITLAET	41
DIVISION OF ST	FATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAN
04185	FATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE CERTIFICATE OF DEATH	0417

0320	OLICITI TOATE	OI PEAIII		
1. PLACE OF DEATH 2. COUNTY	1 2	2. USUAL RESIDENCE (Where dece	eased lived, If Institution: Re	sidence before admission)
PRINCE Georges	MARYLAND	Maryland	Pr.Geo.	
b. CITY OR TOWN (if outside conforate limits, write RURAL and give nearest town)		CITY OF TOWN (If outside corp		and give nearest town)
Hyattsville	2 mo. 18days	Brestwood		6-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street eddress)	1. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Hyattsville Nursing Hom.	6500 Riggs Rd	3600 Varnum		YES NO T
3. NAMELOF FIRST	Middle 00	Last 4. DATE	Month	Oay Year
(Type or print) 205EPH		PHINE DT DEATH		2/ 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH 9.	last birthday) Months	Days Hours I Min.
WIDOWED [DIVORCED	6/4/1882	83 yrs.	
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INC	NO OF BUSINESS OR OUSTRY	11. BIRTHPLACE (County & State,	or foreign country) 12. CO	TIZEN OF WHAT UNTRY?
MAIL Carrier		Bactimore M	d.	USA
13. FATHER'S NAME		4. MOTHER'S MAIOEN NAME		
AULIUS I GERHAI	CDI	CATHERINE	SUL 216	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. S (Yes, no, or unkown) (If yes give war or dates of service)		FORMANT	Address	
No /	vone Mr.	Karl Gerhardt	(above add	ress)
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	(Brothe:	r)	INTERVAL BETWEEN ONSET AND CEATH
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remia			ONSET AND OLATE
4500 DUE TO 2		4	1	
Conditions, If any, which) (b)	vanced 1	artens Sel	erosio	
gave rise to immediate OUE TO				
underlying source test				
(0)	ING TO OEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO
20a. ACCIOENT WAS UNDERLYING 20b. OF	SCRIBE HOW INJURY OCCURR	EO. (Enter nature of Injury In Par	rt or Part of tem 18.)	
208. ACCIOENT WAS UNDERLYING OF OBATH OR CONTRIBUTING CAUSE OF OBATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Oay, Year 20d. IN.			City or town) (Coun	ity) (State)
ZOC. TIME OF INJURY Month, Oay, Year 20d. IN. Hour a.m. p.m. 19 at work	- Not while -	street, office bldg., etc.)		
	1	120 10/1	2/2/ 10//	- 11 1 (I) (wa) last
21. I certify that (I) (this hospital) attended saw the deceased alive on 3/24		eath occurred at 22 P. M. from		2, that (I) (we) last
22a. SIGNATURE	, allo that of	eath occurred at ZZ w, no		TE SIGNED.
Catorin Ma	lol	ATTENOING MEO.	STAFF 7	22/66
22c. PHYSICIAN'S	M.D.	PHYS. DIRECTOR	PHYS.	10
NAME (Type) C, LOUIS /	MENDEL	4410-74 ave	- Hyatton	ville bod
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOC	CATION (City, town or cour	ity) (State)
Burial 3/24/66	St. Mary's Ce	metery Wash	TRART 258. REGISTRAR'S	
24. FUNERAL DIRECTOR NOT TO THE	ADDRESS No.	252 PECIA BY PECIS	TRAPT 75K PEGISTDAD'S	CICNATIIDE
24. FUNERAL DIRECTOR Nal le y's	ADDRESS Mt. Rai	nie r.	MAN 200. KEGISTKAK S	SIGNATURE

VR A15 (4) 20M 1/65



executed within 24 hours after death, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and 3 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depting TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

1 単立の	9	TI	OLIVIII IOA	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	m la		U214U
1. PLACE DF DEAT a. COUNTY	Н	1.6	em-y-111M-U ;	2. USUAL RESIDEN a. STATE	CE (Where deceased i	ived, If institution: R	tesidence before admission)
P	rince George	s	MARYLAND		vland	Pr	George's
b. CITY OR TOW	N (If outside corporate and give nearest town)	imits,	c. LENGTH OF STAY IN				and give nearest town)
write RURAL	and give nearest town)		m	**		/	/ /
Riverd			Two weeks		ttsville	/ (6-1
			iospital, give street addre				e. IS RESIDENCE ON A FARM?
	Memorial Ho	spita		610		•	YES NO
3. NAME OF DECEASED (Type or print)	First Eva		Middle Lena	Last Giles	4. DATE OF DEATH	Month March	0ay Year 18 19 66
5. SEX		Hannien		8. OATE OF BIRTH			1 YEAR IF UNDER 24 HRS
Femake	1 ~	MARRIED WIDOWED		11-4-8	2 83 jast 1	birthday) Months	Oays Hours Min.
10a. USUAL OCCUPAT during most of work Homem	TION (Give kind of work dorking life, even if retired) aker	10b. F	(IND OF BUSINESS OR NOUSTRY	PR. 3	County & State, or fore	ion country) 12. C	USA
13. FATHER'S NAM	ME.			14. MOTHER'S MAI	DEN NAME		
	William O	Gray		Ma	ry Bowler		
15. WAS DECEASED	EVER IN U.S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT		Address	
No No	(If yes give war or dates of se	rvice)	M	lrs. Jane Pri	ntz, Lanha	m, Marylar	nd
1 18. CAUSE OF	DEATH [Enter only one c	ause per	line for (a), (b), and (c),]				INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:		Canahna maca	ular Acciden	4		ONSET AND DEATH
2.0 (IMMEDIATE CAUSE (a)		Oelepio-vasc	utar Acciden	<u> </u>		2 weeks
33/.	OUE TO		Gen. Arterio	colomocio			TT law as as
Conditions, If			den. Arterio	scierosis			Unknown
gave rise to	Immediate /						
cause (a), s							
underlying cau							
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIONS	CONTRIB	UTING TO OEATH BUT NOT R	ELATEO TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT	WAS UNDERLYING ING CAUSE OF DEATH	20b.	OESCRIBE HOW INJURY O	CCURREO. (Enter nature o	of injury in Part I or	Part II of Item 18	.)
	TIFY MEDICAL EXAMINE	()					
20c. TIME OF Hour a. p.	INJURY Month, Day, Yes	er 2Dd.	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, f	arm, 20f. (City o	r town) (Cou	unty) (State)
Hour a.		While	Mot while	ctory, street, office bldg.,	etc.)		
∑ p.	m. 19	at wor	k at work		10		,
21. I certi	fy that (I) (this hospita	al) attend	led the deceased from.				26, that (I) (we) last
saw the de	ceased alive on Man	cch 1	7 1966 and t	hat death occurred at.	3:20M, from the	causes and on t	he date stated above.
22a. SIGNATU		11	, and	mat addtil doddil da	a		ATE SIGNEO
	(MH)	Ho	musun/	M.O. PHYS.	MED. ST OIRECTOR PH	AFF Mar	rch 18, 1966
22c. PHYSICIA NAME (T		louma	nn, M. D.	22d. ADDRESS	Riverdal	e, Marylar	
23a. BURIAL, CREM	MATION, 23b. OATE THE	REOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATIO	N (City, town or co	unty) (State)
BURIAL (SP	ecity) MAR. 21	1966	FT. LINCOL	N CEM,	BLADENS	ROPE	MD.
24. FUNERAL DIR		7,00	ADDRESS		C'D BY REGISTRAR		'S SIGNATURE
WW CHAM	PERS Co.	D.	UERDALE , I	np. DAMAI		007	
0-00 -1/1/11				M. Drawiti	- 7 0 1000		V

LLU .vv alle 162: oc f e e 11-4-83 84 x .sux. efvest PR. Dec. C. the least of the court of the Carolino I mond-carried of charge and property of the country of the countr Lago, A Mora

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funeral and 2 death death. ges 1 after the papers. Page hin 72 hours a by hours = filled within 72 within completely carbon event, executed remove and any = lan a pe certificate attending permit. Then the attendit permit. transit perm cremation, o requires that the n signed by the burial-transit burial, crema attending physician. been the or to as th has use Health certificate The for the hospital this cerum detached fo PHYSICIAN: be de State After ATTENDING retained D the DIRECTOR: shoul 3 showith OR page 4 may O HOSPITAL TO FUNERAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY RINCE GEVRGE3 RINCE GENRGES MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write BURAL and give nearest town) ON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3. NAME OF First DATE Middle Month Day Last Year DECEASED (Type or print) DEATH 1960 SEX 6. COLOR AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Months | Days Hours WIDOWEDX DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ousew FATHER'S NAME MOTHER'S MAIDEN NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6514 SIRCLE (Yes, no, or wilkown) (If yes give war or dates of service) 2011 116. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO P YES T 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF UNJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (State) or county) REMOVAL (Specify) INGTON NATIONA FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Day

e. IS RESIDENCE

ON A FARM?

NO TX

19 66

Prince George's

b. COUNTY

Manth

FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COLINTY Page and 3 ta af death. Prince George's MARYLAND. Marvland delay Department b. CITY OR TOWN (If autside carparate limits c. CITY DR TOWN (If outside carporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest fawn) after Cheverly DOA Lanham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours alang with farm State [9619 Annapolis Road in pencil in Item 18. Give Pages Prince George General be executed within 24 haurs after death. 4. DATE NAME OF Middle DECEASED OF DEATH the within EDWARD (Type or print) with 1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH WIDOWED DIVORCED Office (Male Negro 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME any Chief Medical Examiner's 14. MDTHER'S MAIDEN NAME Ξ nknown and 16 SOCIAL SECURITY ND 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) pending" or removal. 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (o) This certificate shauld writing the ward crematian, DHE TO the (Canditians, if ony, which gove Arteriosclerotic heart disease rise to immediate couse (o), farwarded to DUF TO stating the underlying cause 0 as burial, nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate, ţ0 pe 4 shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) agent, priar 3 shauld PRIMARY C or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. Haur a.m. factory, street, affice blda., etc.) Nat While may be retained far yaur FUNERAL DIRECTOR: Page at wark at wark designated 21. I certify that I taak charge of the remains described above, held an Autapsy Natural causes X the funeral directar. death resulted fram: //Accident Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health NAME (Type) John Riverdale. Address (Street, city, town, or county) ehoe. 23a. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS**

925 Deane

IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Days Manths Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH TIS 19. WAS AUTOPSY PERFORMED? NO K (City or town) (State) (County) Inspection X Inquiry X and in my apinian Undetermined manner 22. DATE SIGNED 3-16-66 23d. LOCATION (City or Town) (County) (State) REGISTRAR'S SIGNATURE 2Sb.

VR A15ME (5)

the Alexander

MARYLAND STATE DEPARTMENT OF HEALTH

173 0 V=EVEA The Decorption of the Company of the , c C . , 1 ° C . esisticessa and allege estimates ., c. off Door) isyefe and as (wife) Manager Manager And Annual Control

gronding, w.c. enthece some linear yearville, w.c.

CHYSE MADE,

1 24 7

r.c.li .. voyer & Larra entia estra one y tiny e, c. HEALTH DEPT.

delay is

hours after deoth.

This certificate should be executed with

TO DEPUTY MEDICAL EXAMINER:

10o. USUAL OCCUPATION (Give kind of work done

CERTIFICATION

MEDICAL

PM3. Page State Deportment of ond 3 to hours ofter death. Item 18. Give Pages 1, along with form the within with pages land 2 in ony event File and the Chief Medical Exa permit. removol. "pending" buriol-tronsit 0 necessary, please execute the certificate, writing the word buriol, cremotion, the funeral director. Page 4 should be forwarded to 0 00 nsed 0 pe Health or its designated agent, prior

5 moy be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should

	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
	04191	MED	ICAL EXAMINER'S	CERTIFICATE O	F DE	ATH	0418	13	
1.	PLACE OF DEATH o. COUNTY Pri	nce George	MARYLAND	2. USUAL RESIDENCE (o. STATE Md.	Where dec	eosed lived, if institution b. COUNT Prince	n: Residence befo		n)
	b. CITY OR TOWN (If outside write RURAL and give ne Cheverly	corporote limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or				st town)	
		STITUTION (If not in hospitol, rge General H		d. street address 780]		lpinê St xk i		e. IS RESID ON A FA YES	
3.	NAME OF DECEASED (Type or print)	First Br oks	Middle	lost Greathouse	4. DATI OF DEAT	2	Doy	Yea	66
S.	SEX 6. COLO	OR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF BIRTH	930	9. AGE (In yeors lost birthdoy)	Months Doys	IF UNDER Hours	24 HRS. Min.

11. BIRTHPLACE (Stote or foreign country)

during most of working life, even if retired) U.S. ARMY	INDUSTRY		COUNTRY? U.S.A.
13. FATHER'S NAME	CDT A BILOUICE	14. MOTHER'S MAIDEN NAME	
BROOKS NOLAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, YEEGUNKnown) (If yes give wor or dotes of serv	LIA COCIAL SECURITY NO	IVA BOLES 7801 Alpintess St. Mrs. Iva B. Greathouse	. Dist Hght aryland
IB. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), ond (c).) Acute pulmon	ary edema	INTERVAL BETWEEN MISTICAL DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DUE TO	Pancreatitis	and cirrhosis of liver	over 2 yrs

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

2De. PLACE OF INJURY (Home, form,

foctory, street, office bldg., etc.)

KIND OF BUSINESS OR

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)

20d INJURY OCCURRED

Not While

ot work

21. I certify that I taak charge of the remains described above held an Autopsy deoth resulted fram: Notural causes Suicide ACTUAL SIGNATURE

While

ot work

Kehoé,

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Hamicide

12.

CITIZEN OF WHAT

WAS AUTOPSY PERFORMED?

and in my apinion

22. DATE SIGNED

(Stote)

YES 3 NO

(County)

Inquiry 30

BURIAL, CREMATION DATE THEREOF BURIAL (Specify) /8/66

23c. NAME OF CEMETERY OR CREMATORY

23d. LOOMION (City or Town)

(City or town)

Undetermined manner

2Df.

Address (Street, city, town, or county)

Inspection 🔀

(County) (Stote)

24. FUNERAL DIRECTOR

EXAMINER'S

NAME (Type)

2Do. EXTERNAL CAUSE WAS

Hour o.m.

CAUSE OF DEATH

PRIMARY I or CONTRIBUTING I

2Dc. TIME OF INJURY Month, Doy, Year

WASHINGTON, D.C. JOSEPH GAWLER'S SONS

John

1250, REC'D BY REGISTRAR DATE MAR 9

1966

25b. REGISTRAR'S

VR A15ME (5) 6M 1/66

(3) to

1 (M		MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH OI W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
FOR STATE		04192 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	04184
HEALTH DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived,	if institution: Residence before odmission)
y is to age tof tof ath.		COUNTY Prince George's MARYLAND	a. STATE Maryland	Prince George's
y delay is , and 3 to PM3. Page artment of fter death.		p. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) COMPACT TO THE CONTROL OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits,	write RURAL and give nearest town)
P. d.	<u> </u>		Upper Marlboro	16-1
es 1, form form te Dep		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Prince George's Hospital	d. STREET ADDRESS	e. IS RESIDÊNCE ON A FARM?
iter death. If any delay is Give Poges 1, 2, and 3 to any with form PM3. Page the State Department of thin 72 hours after death.	-		L. DATE	YES NO
S. Give Poge atog with f	1	NAME OF First Middle DECKASED James Leo	Greer, Jr. 4. DATE OF DEATH	March 26 19 66
Offer d 8. Give difference of the second of	S.	Type of pinity	8. DATE OF BIRTH 9. AGE (In	
o ∞ 6 3 ×		nale Negro vidowed divorced	3-18-39	thday) Months Days Hours Min
24 hours in Item 18 's Office ss land 2	10a	USUAL OCCUPATION (Give kind af wark dane na most of warking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	duii	ng most of warking life, even if retired) Bar Trnder	Maryland	COUNTRY? U.S.A
thin 24 h miner's 0 poges 1c in ony e	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
within n pencil Exomine Exomine File poguond in o		James Leo Greer, Sr.	Bessie E. Doug	
ed in	15. (Ye	s na or unknown) ((If yes give war at dates of service)	INFORMANT	Address
ling edic erm erm			Regina F. Greer Up	per Marlboro, Md
ote should be executed g the word "pending" in ed to the Chief Medical E. o burial-tronsit permit. F cremation, or removal, o		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Minutes
d bed '' Chie		O D / V IMMEDIATE CAUSE (a) Gunshot wounds	of chest	minutes
certificote should writing the word rworded to the Cl ised as o burial-tro buriol, cremation,		DUE TO Canditians, if any, which gave) (b)		
sh he to t bur		rise to immediate couse (a),		
s o cre		stoting the underlying couse lost. (c)		
verificat verworded orworded used as o buriol, cr		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
for the se	CERTIFICATION			PERFORMED? YES NO
INER: This e certificote, should be fo files. 3 should be u a should be u	RTE	PPIMARY AIR CONTRIBUTING [7]	D. (Enter noture of injury in Port I or Port II of ite	m 1B.)
NER: T certifice hould b iles. should it, prior	AL CE	CAUSE OF DEATH. Shot during a	ltercation in bar.	
	MEDICAL		LACE OF INJURY (Hame, farm, 20f. (City ar actions, street-affice bldg., etc.) Upper M	
L EXAL	×	at work all work		
MEDICAL EX please execution of director. Poge retained for your L DIRECTOR: Pogetits designated		21. I certify that I taak charge af the remains described above,		
ctor ctor sign		death resulted fram: Natural causes , Accident , Sc		nined manner
MECTO please I directo retained DIREC		ACTUAL ()	CHIEF MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
ury, precolder be replaced or its		SIGNATURE		
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type) John Kehoe, M.D.	DEPUTY MEDICAL EXAMINER MANAGERY (Since); City, Town, or County)
necessar the fune 5 may b TO FUNER Heolth o	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City ar Tawn) (County) (State)
7 + 2 D H		Buriaria 3-31-66 Arlington	n National Arl	ington Va.

BUY'S (Specify) 3-31-66 24. FUNERAL DIRECTOR Myrtle K. Rollins

Arlington, National Anaddress 250. REC'D BY REGISTRAR 4339 Hunt Pl., N. EMAR 3 1966

Arlington 25b. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

The second of the second secon The state of the s oreste a. am fra 413; ham d., h. 408 2 1888 Elected

FOR STATE

PM3. Page

delay is

in pencil in Item 18. Give Pages 1, 2, and 3 to

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 the funeral director. Poge 4 should be forworded to the Chief Medical Exominer's Office olong with farm

necessary, please execute the certificate, writing the word "

TO DEPUTY MEDICAL EXAMINER:

This certificate should be executed within 24 hours ofter death. If

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health ar its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours ofter death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	NATA .		MED	ICAL EXAM	INER'S	CERTIFICATE O	F DEATH	()	4185
	PLACE OF DEATH a. COUNTY	rince George	S	MA	ARYLAND	2. USUAL RESIDENCE (1 o. STATE Maryland	Where deceosed lived, if institute b. COU	UNIY	e before odmission) Reorge s
	b. CITY OR TOWN (If autside corporate limits, write RIPAL and give perset town)			c. LENGTH OF STAY	H OF STAY IN 16 C. CITY O		utside corporate limits, write R	URAL and give	neorest town)
	write RURAL and give nearest tawn) Cheverly		18 days		East Pines /		16	- /	
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George General Hospital			d. STREET ADDRESS 6304 Powhatan Street			e. IS RESIDENCE ON A FARM?		
						YES NO 🔀			
	NAME OF DECEASED (Type ar print)	First Donna		Middle	F	lost Hagerty	4. DATE Mor OF DEATH	nth 3	Day Year 14 19 66
S.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARR		. DATE OF BIRTH	9. AGE (In years last birthday)		YEAR IF UNDER 24 HRS.
	Female	White V	VIDOWED	DIVOR	CED 🗂	4-12-1961	4 yrs.	Mantas	Days Haurs Min.
10a dur	. USUAL OCCUPATION ing mast of working	(Give kind af work dane lite even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State	or fareign country) nington D. C.	COL	ZEN OF WHAT
13.	FATHER'S NAME	-				14. MOTHER'S MAIDEN NAME			
		Donald K	liag	gerty		Arlene M. King			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dotes of ser	16. 5	SOCIAL SECURITY NO.	17. 1	NFORMANT Address			
(16	no, ar unknown)	(It yes give war ar dotes of ser	no	one	or	nald K. Hag	gerty East F	ines	Md.
	1B. CAUSE OF DI PART I. DEAT	EATH (Enter anly ane couse p IH WAS CAUSED BY:			onia	bilateral v	with abscess		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Broncho pneumonia, bilateral with abscess 9/60 DUE TO Conditions, if any, which gave)								
	ise to immediate cause (a), stating the underlying cause (b) DUE TO 2nd and 3rd. degree (c)					e burns of A	46% of body su	ırface	18 days
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM				HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO	
TIFIC	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ■ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter					Enter nature af injury in	Port I or Port II of item 1B.)		
ě.	CAUSE OF DEATH.	NIKIBUTING DE	othing car	ught f	ire in the	home.			
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (County) (Stote)								
	9:30am p.m. 2-25- 19 66 atwark 나 atwark 낮 Home Same as #2 21. I certify that I taak charge of the gemains described above, held on Autopsy 및, Inspection 및, Inquiry 및, ond in my opinion								
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner								
	CHIEF MEDICAL EXAMINER								22. DATE SIGNED
	EXAMINER'S DEPUTY MEDICAL EXAMINER 🔀								
22-								8-15-66	
	o. Burial, CREMATION, 23b. DATE THEREOF March 17, 19			6 Ft I		ln Cemetery	23d. LOCATION (City or To	nor, M	
24	FUNERAL DIRECTO	asch's Sons	Ну	ADDRESS yattsvil	le, Mo	2Sq PSC	PREGISTRAP GE 25b.	Clarke	SNATHRE Judge

Mr.

7 2

Harris J. 1966 Primer July

representation amplicable affective according to

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 07.10%

Second Street Second Stree	ty .						
Prince George's County b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Berwyn Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 5600 Ruatan Street 3. NAME OF DECEASED (Type or print) Mary E Haley Mary A DATE OF BIRTH S. SEX 6. COLOR OR RACE (7. MARRIED NEVER MARRIED NAME Stanley Wilson Frather's NAME Stanley Wilson Maryland Prince George's Count of County (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Berwyn Heights 6. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Berwyn Heights 6. STREET ADDRESS 5600 Ruatan Street 15 DATE OF BIRTH 9. AGE (In yeers In UNDER I YEAR IN	SIDENCE						
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Stanley Wilson Endra Holland							
JE WAS DECEMEND WITH HE ADMITS CONCESS LAY COCKES COCKES AND CONCESS AND CONCE							
(Yes, no, or unkown) (Hyes give war or dates of service) MIRTHE S. HALEY SAME AS THE	INFORMANT S. HALEY SAME AS #2						
NO NO NO NO 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BE	WEEN						
PART I. DEATH WAS CAUSED BY:	EATH						
11011	1						
Conditions, if any, which (b)							
gave rise to immediate cause							
(a), stating the underlying DUE TO							
(0)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) Arteriosclerotic cardiovascular disease 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	MED?						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)							
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) (County) While Not While at work et work et work	State)						
	587						
21. I certify that (I) (This hospital) attended the deceased from $9-1-59$, to $3-24-66$, 19, that (I) ($\overline{\rightarrow}$) last							
saw the deceased alive on 3-23-66							
228. SIGNATURE ATTENDING MED STAFF							
M.D. PHYS. DIRECTOR PHYS. 3-25-66							
22c. PHYSICIAN'S NAME (Type) TYY: 11: D. Charathan B. M. D. 4017 Edgawood Bood C. 11. B. 1. B. 1.							
William B. Gunther, M. D. 4917 Edgewood Road, College Park, Md							
REMOVAL (Specify)	0						
BURIAL 28 MAIRCHIGGE Hort Jincohn Caem. Dradonsburg, Marytan	1.						
24 FUNERAL DIRECTOR'S SIGNATURE CO Priverdale, Maryland 250, REGISTRAR 250, REGISTRAR'S SIGNATURE							

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THE PARTY OF THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY TIMCE 후 7 년 MARYLAND rince yeorges b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Iver dall filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Beale Circle 6209 Beale YES NO 1 mpletely papers. 3. NAME OF Middle Month DECEASED OF 3 (Type or print) DEATH 19 6 and to 6. COLOR OR RACE 7. MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED YES. 6 Oct physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
Ret. Photographer Survey 20 wa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Morgan Hall Anna Berry a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) lles 215-46-3323 Maruland g physician. signed by the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (ç).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cor dial IMMEDIATE CAUSE (e) burial-transit DUE TO Arterio Scherotic heart diseas attending Conditions, if eny, which has been geve rise to immediate couse DUE TO (a), steting the underlying ceuse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate CERTIFICATION as PERFORMED? 0 NO C prior 2De, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) Month, Dey, Yeer (County) While fectory, street, office bldg., etc.) Not While Hour a.m. et work et work 19 DIRECTOR 199.5 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from UUG 146.5. and that death occurred at 2.37M. from the causes and on the date stated above. the deceased aliver saw 22% SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wm. Weintraul Greenbelt Professional bld. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, 23b. REMOVAL (Specify) g ģ. 3 Fort Lincoln Cemetery Prince Georges (o. ō 24 FUNERAL DIRECTOR SIGNATURE VR A15 (4) 15M 9/60

Tage 4 may be retained by the mospited by accounting processing physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be electrical within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301		MARYLAND				
04196 CERTIFICATE O	F DEATH	04188				
a. COUNTY	USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE b. COUNTY /	Residence before admission)				
b. CITY OR TOWN (if outside corporate fimits, write RURAL) and give nearest town) C. C	ITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)				
Lamel V	Lamel 16					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. S	TREET ADDRESS	e. IS RESIDENCE DN A FARM?				
1620 Sandy Spring Rd	16 20 Sandy Spring!	YES NO NO				
3. NAME DF DECEASED (Type or print)	Last 4. DATE Month DEATH March	Day Year				
5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OA	TE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.				
M WIDOWED DIVORCED TE	last birthday) Months Months Month	Days Hours Min.				
during most of working life, even if retired) INDUSTRY	The state (county & state, or foreign country)	COUNTRY?				
13. /FATHER'S NAME	MOTHER'S MADEN NAME	034				
11/00 5 12/001	E000 15.					
	RMANT Address	ATa ans				
(Yes, no, or unkown) (If yes give war or dates of service) 217-14-774/	John E 1400 1335 Ca	M Sund				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	1 min of the formal	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH				
442 MMEDIATE CAUSE (a) CL. SC. C. IV.						
Conditions, If any, which) (b) Cloude Tool	orter nderson	5-44				
gave rise to immediate cause (a), stating the DUE TO	*	8				
underlying cause last. (c)	nozelirosis	10 - m				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2	19. WAS AUTOPSY PERFORMED?				
1 Mertatic bypirtraly	c & Codar Obstruct	YES NO NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO COURSE DO TO THE SIGNIFICANT CONTRIBUTING TO COURSE DO THE SIGNIFICANT CONTRIBUTING TO COURSE DO THE SIGNIFICANT CONTRIBUTING TO COURSE DO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CONTRI	(Enter nature of Injury In Part I or Part II of Item 1	8.)				
		(04-4-)				
	INJURY (Home, farm, eet, office bldg., etc.)	ounty) (State)				
21. I certify that (I) (this hospital) attended the deceased from 17/13, 19/1, to 3/28, 19/6, that (I) (we) last						
saw the deceased alive on 3/2 = 196, and that death occurred atM, from the causes and on the date stated above.						
22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED						
22c. PHYSICIAN'S 2	2d. ADURASS	0				
Ju Warren	our u	ul				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City, town or co	ounty) (State)				
24. FUNERAL OIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REDISTRAL	R'S SIGNATURE				
Dellett Danaldson Laurel My	L MER 1 1 1966 Johnle	Judge				

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	Chicago Brown	OLICITION I	OI DEATH		0-10.7
1.	PLACE OF DEATH, a, COUNTY		2. USUAL RESIDENCE (W	pere deceased lived, If Institution: R	esidence before admission)
	a. cooper		a. STATE	b. COUNTY	IN WINI
-	b. CHTY OR TOWN (if outside corporate limits	MARYLAND s, c. LENGTH OF STAY IN 1b	C CITY OF TOWN (IS NUTS)	de corporate limits, write RURAL	and alve pagest town)
	write RURAL and give pearest town)	S to a d	0.0110010010101010101010101010101010101	12 75	-3 DA
	Laurden	12m0	CHIM	DIERS DU	THU
A	d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS	de. 01 0	e. IS RESIDENCE ON A FARM?
h	nacroles Clanden	nursing Hand	37100	Men ST	YES NO
3.	NAME OF First	Mindle	Last 14.	DATE Month	Day Year
	(Type or print)		11-111	OF // /	111 / -
5.		0.	THERE	DEATH Many	17 19 66
0.	24 a 0 1 1 0 - 1 . MAR		A INTE OF BIRTH	9. ACE (In years IF UNDER Months I	Days Hours Min.
		OWED DIVORCED	Re. 17.1888	yrs.	50,0
	a. USUAL OCCUPATION (Cive kind of work done 1 ring most of working life, even if setired)	LOD. KIND OF BUSINESS OR	11. BIRTHPLACE (County &		TIZEN OF WHAT
2	Tamboros 100	Ret wes	Mumber	Eling PH	DUNTRY?
13.	. FATHER'S NAME	1 - 1 1	14. MOTHER'S MAIDEN NA	AME /	
	LAANK B	HALLED	CAPAR	ENVE	
18	B. WAS DECEASED EVER IN U.S. ARMED FORCES?	1111111	GRITCE	1-0/10	
(Ye	es, no or unknown) (If yes give war or dates of service)	/16. SOCIAL SECURITY NO. 17.	INFORMANT	11 00 Address 964	Benlly for
	110	175-03-1179 M	N Charles 1	Italler, Bo	mie
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]	0	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	artir-interty	ual liene	arrivaga	ONSET AND DEATH
	IMMEDIATE CAUSE (a)		70000		- A CONTRACTOR
	Conditions, If any, which	lota to to	000	2 at word	Whole Mars . Le
	gave rise to immediate (b)	republic c	with representation	(The influence	To managa
	cause (a), stating the DUE TO	1.0000	- 1 /1-	1 1	in bonn.
_	underlying cause last. (c)	an sarry su	artiva	Marane	10 Jews
9	PART II. OTHER SIGNIFICANT CONDITIONS CON				19. WAS AUTOPSY
CA	Arterin Aderatic C	artir-vasculo	ar and clreb	ral fislase	PERFORMED?
E	20a. ACCIDENT WAS UNDERLYING 2			y In Part I or Part II of Item 18.	
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
<u></u>		OL INITIDY CONTINUES INC. DIVIS	- 05 111112121		
200	Have a m	factor	E OF INJURY (Home, farm, y, street, office bidg., etc.)	20f. (City or town) (Cou	nty) (State)
ME		While Not While I ractor			
	21. I certify that (I) (this hospital) at	tended the deceased from	Tarale 1963	to 17 March, 1966	that (I) (we) last
		lanch 1966, and that	death occurred at \$31	M from the causes and on the	ne date stated above
	22a. SICNATURE	A.	death bootifed at a		ATE SICNED
	John G	Sug 14 4 M.D.	ATTENDING MED.	TOR PHYS.	
	22c. PHYSICIAN'S	7 - C - M.D.	PHYS. DIRECT	TOR L PHYS. L	0
	NAME (Type) JOHN	(05MA. M.D		ROOK AV. BOW	IF ME
02-	DUDIN ODENATION LOSS BATE THEORY		V · · · · · · · · · · · · · · · · · · ·		- Inner
∠38 i	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OK CKEMATORY 23	d, LOCATION (City, town or cou	inty) (State)
1.	DURITE MARIA	166 NUKLISNA	Cemeluf	-110MI DERG	117-
24	I. FUNERAL DIRECTOR	ADDRESS	25a. REC'D/BY	REGISTRAR 25b, REGISTRAR'	SSIGNATURE
4	FAROID S-WADE I	BUREL Md	DATE	3 1966 Juane	o judge

VR AI5 (4) 20M 1/65

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ny delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af haurs after death. Health ar its designated agent, prior to burial, crematian, ar remaval, and in any event will

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

07109

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

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 4	-	-	A	4	4

	い後ょうの	DICAL EXAMINER 3	CERTIFICATE O	DEATH	(14191)				
ī	. PLACE OF DEATH			Where deceased lived, if institution					
	o. COUNTY Prince George's	MARYLAND	Maryland Brince George's						
	b. CITY OR TOWN (If outside corporate limits	c. LENGTH OF STAY IN 1b		itside carparate limits, write RUR					
	write RURAL and give nearest tawn) Cheverly	DOA	Forestvi	11e	16-1				
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspit-		d. STREET ADDRESS		e. IS RESIDENCE				
2	Prince George General He	ospital	7319 Keyst	one Lane. Apt.	ON A FARM?				
1	B. NAME OF First	Middle	Last	4. DATE Month	Day Year				
	(Type or print) Catherine	Louise Hamil	lton	OF DEATH 3	10 19 66				
5	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.				
	Female White WIDOW	ED DIVORCED 2	3 June 1906	last birthday) 59 yrs.	Manths Days Haurs Min.				
		KIND OF BUSINESS OF INDUSTRY BUSINESS	11. BIRTHPLACE (State		12. CITIZEN OF WHAT				
d	during mast of warking life, even if retired) Employed Waitress Re	estaurant	Marylar	nd	U. S. A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
	Bernard Brady		Mary Al	lberta Fowle:	r				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give war ar dates af service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Addres	SS				
	No (res, na, ar unknown) (It yes give war ar dates at service)	212-20-1088 Ma	rgaret Ma	rie Long-Sa	me as Item #2				
	18. CAUSE OF DEATH (Enter only one cause per line	The second secon			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hes	art failure			onset and death over 2 week				
	443X DUE TO								
	Canditians, if any, which gave rise to immediate cause (a), (b) Fro	om hypertensive a	arterioscle	rotic heart di	sease unknown				
	stating the underlying cause DUE 10								
	last. (c)								
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
CATI					YES NO 💭				
PTIL	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in	Part I ar Part II of item 1B.)					
316	and the state of t		E OF INJURY (Hame, farm ry, street, affice bldg., etc.		(Caunty) (State)				
1	p.m. 17 at v	wark 🔲 at wark 🔲		<u>'</u>					
ı	21. I certify that I taak charge of the	remains described abave, held	d an Autopsy 🔲,	Inspection 🔀 , Inqu	iry 😿 , and in my apinian				
1	death resulted fram: Natural causes	X, /Accident, Suicio	de 🔲, Homicide	, Undetermined mo	inner 🗌				
	ACTUAL ACTUAL		CHIEF MEDICAL		22. DATE SIGNED				
١	SIGNATURE	hat	_ M.D.	ICAL EXAMINER L	22. DATE SIGNED				
	EXAMINER'S NAME (Type) John Kehoe, M.D.	Director le Md		AL EXAMINER [X] t, city, town, or county)	2 77 66				
-	NAME (Type) John Kehoe, M.D. 23a. BURIAL, CREMATION. 23b. DATE THEREOF	Riverdale, Md.		23d. LOCATION (City or Tow	3-11-66 (County) (State)				
1	Burial 3/15/66	Epiphany Ce		Forestvil					
1	24. FUNERAL DIRECTOR	ADDRESS MC		BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE				
	Ritchie Bros. Fun'l			AR 15 1966	Marley Judis				
-				//	A A				

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All and the country from a block at the color of the first section of the color of

The Alliantence when which cutties on the Enter-

Pine 1 and 1 To good from angulation I must been all said

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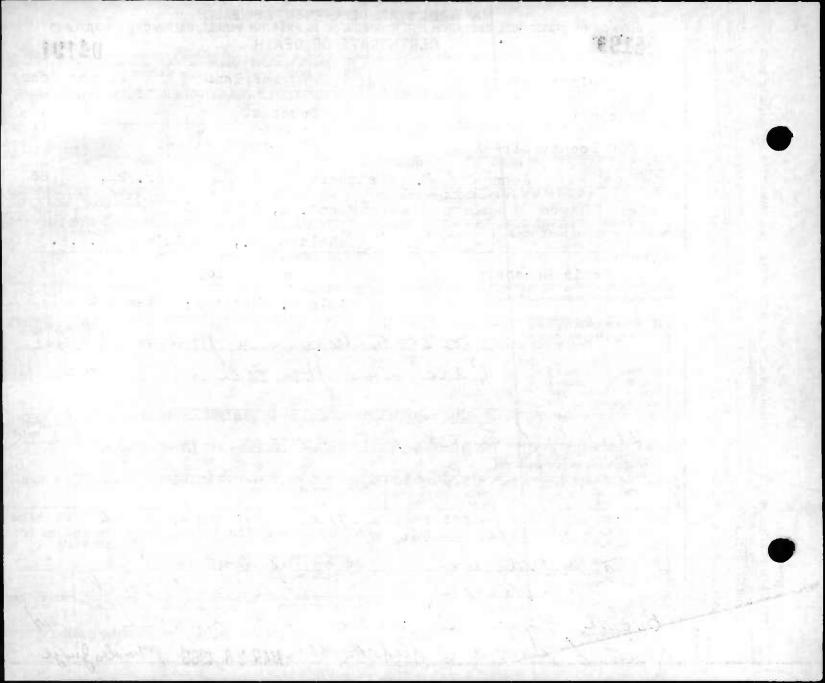
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 4-64

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

			MARYLAN	D STA	ATE DEP	ARTIV	IENT OF	HEALTH				
DIVISION	OF	STATISTICAL	RESEARCH	AND F	RECORDS,	301 W	PRESTON	STREET,	BALTIMORE	1, M	ARYLA	NI
2109			C	FRTI	FICATE	OF	DEATH				NAA	4 1

1.	1. PLACE OF DEATH a. COUNTY Prince George MARYLANI				ND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Prince Georg				
		N (If outside corporated and give nearest tow		c. LENGTH OF STAY II		c. city or town (i		e ilmits, write RURA	L and give nearest town)	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not In	hospital, give street add	ress)	d. STREET ADDRESS	В		e. IS RESIDENCE	
		Locust St					cust Str		ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)		rst hn	Middle J. He	ng	Last bery	4. DATE OF DEATH	Month Mar. 22	Day Year 2, 1966	
5.	SEX			D.K. NEVER MARRIED		. DATE OF BIRTH	19 ACE	(In years IFIINDE	D 1 VEAD LE LINDED 24 HDS	
	Male	Negro	WIDOWE	D DIVORCED			1896	birthday) Months	Days Hours Min.	
10a dur	. USUAL OCCUPAT Ing most of work	ION (Give kind of work ing life, even if retire	ione 10b.	KIND OF BUSINESS OR INDUSTRY		Nelson C			COUNTRY? A	
13.	. FATHER'S NAM	E				14. MOTHER'S MAI	DEN NAME			
	L	ouis Hans	bery			Bett	y Woody			
15 (Ye	. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16	5. SOCIAL SECURITY NO.		informant iola C. H	ansbery:	Address Item #	# 2	
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(a) M	line for (a), (b), and (c),	3	Caromen	na Jhr	plate	INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if gave rise to cause (a), so underlying caus	Immediate tating the DUE		arenon	e ti	from	ali		5 yn!	
CERTIFICATION			ONS CONTRIE	BUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE CONDITIO	N GIVEN IN PART 1 (a	19. WAS AUTOPSY PERFORMED?	
	201. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING A ING CAUSE OF DEA TIFY MEDICAL EXAMI	TH (20b.	DESCRIBE HOW NIURY	OCCU	RRED. (Enter nature o	of Injury In Part I	or Part II of Item 1	8.)	
MEDICAL	20c. TIME OF Hour a.r p.i		Year 20d. While at wo	e Not While		CE OF INJURY (Home, 1 ry, street, office bldg.,		or town) (Co	ounty) (State)	
	The state of the s	ceased alive on3	ital/atten	ded the deceased from			19 / e, to 3/		the date stated above.	
	22a. SIGNATO	ans In Wa	irre		M.D.	ATTENDING PHYS.	MED. S	TAFF HYS.	DATE SIGNED	
	NAME/(T	Jm W	RAY.	em		of c	wie	1 2000	of the same of the	
238	BURIAL, CREM DEMOVAL (Special Control of the Contro		HEREOF	2309 NAME OF CEM	ETERY	OR CREMATORY)	23d. LOCATION	ON (City, town or c	ounty) (State)	
24	Kobert	ctor Su	oud	ew Kocku	ille	Md. DA	EC'D BY REGISTRAF	25b. REGISTRA	R'S SIGNATURE	
					-	nil/A		- 0	7 0	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death.

1 (M)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0.2000	OLKIII IOAI	L OI DEATH	•			11:	2 1 1	6
1.	PLACE OF DEATH a. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where deceased	b. COUN		esidence	before adr	nission)
Ì	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	1 + 3 3	te limits, wr	ite RURAL	and giv	e nearest	town)
	Prince George Hospi	nospital, give street address)	d. STREET ADDRESS	79th Av	e.			ON A F	DENCE ARM?
3.	NAME OF First DECEASED (Type or print)	Middle Handestv	Last	4. DATE DF DEATH	Month		Day	Year	
5.	SEX 6. COLOR OR RACE 7. MARRIES	INCOME MARKITED	8. DATE OF BIRTH		E (In years to birthday) yrs.		1 YEAR Days	Hours	24 HRS. Min.
l0a lur		KIND OF BUSINESS OR INDUSTRY	Maryland	ounty & State, or fo		CO	TIZEN OUNTRY		
13.	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME					
15	Joel Gnegy		Virginia	Mowery					
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 es, no, or unkown) (If yes give war or dates of service)		INFORMANT Live Wisecar	ver 350	Addres 8 79th		ue		
	PART I. DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b)	line for (a), (b), and (c). I	nyelem	ec				RVAL BET ET AND D	
	cause (a), stating the DUE TO underlying cause last.								
THICALIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	DESCRIBE HOW INJURY OCCU	letus				19. YES	WAS AUT PERFORM	OPSY MED?
L CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	- Not While	CE OF INJURY (Home, fa ory, street, office bldg., et	rm, 20f. (City tc.)	or town)	(Cou	nty)	(St	tate)
	21. I certify that (I) (this hospital) attends saw the deceased alive on 3/22		3/5 , 19	1	/22 he causes			at (I) (we stated	
	22a. SIGNATURE	nee M.	ATTENDING M	MED.	STAFF PHYS.	22b. D/		NED	
	22c. PHYSICIAM'S NAME (Type) Edwith Jens		22d. ADDRESS Prince Geo			Sp. C	heve	er]v	Md.
За.		23c. NAME OF CEMETERY	Y OR CREMATORY	23d. LOCAT	ION (City, to	wn or cou		(Sta	
	. FUNERAL DIRECTOR	ADDRESS Suitland Rd Su	25a. REC	'D BY REGISTRA	R 25b. RE		S SIGNA		

VR AI5 (4) 20M 1/65

Edwin W. Womaca, J.B. Prince Goor of a land. Hosp. Cheroty, Hd.

FOR STATE

HEALTH DEPT

haurs after death. If any delay is Item 18. Give Pages 1, 2, and 3 ta ffice alang with farm PM3. Page

in penci

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending" in pent the funeral directar. Page 4 shauld be farwarded to the Chief Medical Exam

VR A15ME (5) 6M 1/66

pages 1 and 2 with the State Department of

Health ar its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04207	i.	WEDIC	AL EXAMINE	R'S (CERTIFICATE O	FDEATH		1)41	93
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceosed lived, i		dence before or	lmission)
		Prince Georg	e's_	MARYLA	ND _	o. STATE District	t of Colum	b. COUNTY bia		
	o. CITY OR TOWN (I	If autside corparate limits, I give nearest tawn)	C.	LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If ou	tside corporote limits,	write RURAL ond	give neorest to	wn)
	Chever	lv		DOA			on		47-3	
(d. NAME OF HOSPIT.	AL OR INSTITUTION (If not	in hospitol, give	street oddress)		d. STREET ADDRESS			e 15	RESIDENCE N A FARM?
		e George Ger	eral Ho				. Street.	S.E.		□ NO 🔀
- 1	NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Month	Doy	Year
S. :	Type or print)	6. COLOR OR RACE			Ha	rvev . DATE ÖF BIRTH	DEATH 9. AGE (In	3	ER I YEAR TIF	19 66
3			7. MARRIED	NEVER MARRIED	$=$ \Box		lost birt	hdoy) Month		lours Min.
10-	Female	White	WIDOWED 3	DIVORCED OF BUSINESS OR		Sept. 1889	76	YIS.	CITIZEN OF WI	HAT
duri	ng most of working	life, even if retired)	INDUS.						COUNTRY?	TAI
	Film Ex	aminer				14. MOTHER'S MAIDEN N	ia, Virgi	nia		
10.	TATTICK 3 HAMIC	William	Uenron				nces			
15	WAS DECEASED EVE			AL SECURITY NO.	17 IN	NFORMANT	nces	Address		
(Ye	s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of :	service)			eda H. Alt-	51/10 Nohne		NTH W.	ch DC
	18 CAUSE OF DE	EATH (Enter only one couse	ner line for (a)		WILL	eua II. AIC-)143-Menia	SKA AVO		AL BETWEEN
ı	PART I. DEAT	H WAS CALISED BY							ONSET	AND DEATH
	4200	IMMEDIATE CAUSE (o		Tallure						nutes
	Conditions, if ony,	which gove) (b		i a call a mat	in h	eart diseas	20		over	5 me
	rise to immediat	e couse (o), (Dur T		TOPCTALOF	16 1	HOULD GTREET	95)) 10 .
	last.) (0	:)							
2	PART II. OTHER SI	GNIFICANT CONDITIONS CON	NTRIBUTING TO D	EATH BUT NOT RELATE	D TO TI	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19. WA	S AUTOPSY RFORMED?
CERTIFICATION									YES [
Ĕ	20o. EXTERNAL CA PRIMARY ☐ or COI		20b. DESCRI	BE HOW INJURY OCCU	RRED. (Enter noture of injury in F	Port I or Port II of item	18.)		
	CAUSE OF DEATH.	ATRIBUTING E								
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor				E OF INJURY (Home, form ry, street, office bldg., etc.)		town)	(County)	(Stote)
¥	p.n	10	ot work	Not While of work	10010	ry, street, office blug., etc.)				
	21. I certify	y that I taak charge	af the remain	s described abav	/e, hel	d an Autapsy 🔲 ,	Inspection 📑	Inquiry 😢	, and in	my opinion
- {	death result	ed fram: Natural	causes 🔀 ,	Arcident,	Suicio	de 🔲, Hamicide	, Undetermi	ned manner		
ı	ACTUAL	10	A	1		CHIEF MEDICAL			22	DATE SIGNED
	SIGNATURE	y h	10	r		_ IN. U.	CAL EXAMINER		22.	DATE SIGNED
	EXAMINER'S NAME (Type)	obn Kehoe, 1	1.D. Ri	verdale,	Md.		L EXAMINER 🔀 , city, town, or county)		3-2	9-66
		ON. / 23b. DATE THER	ror To	3c. NAME OF CEMETER	OV OD C	DEMATORY				
230.	BURIAL, CREMATIC		EUF 2				23d. LOCATION (C		(County)	(State)
	REMOVAL Specify	Mar. 31	-1966	Cedar Hi		emeterv	Suitla	ty or Town) ad Mar 2Sb 250 STRAR	vlend	(State)

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FOR STARE HEALTH DEPT.

any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

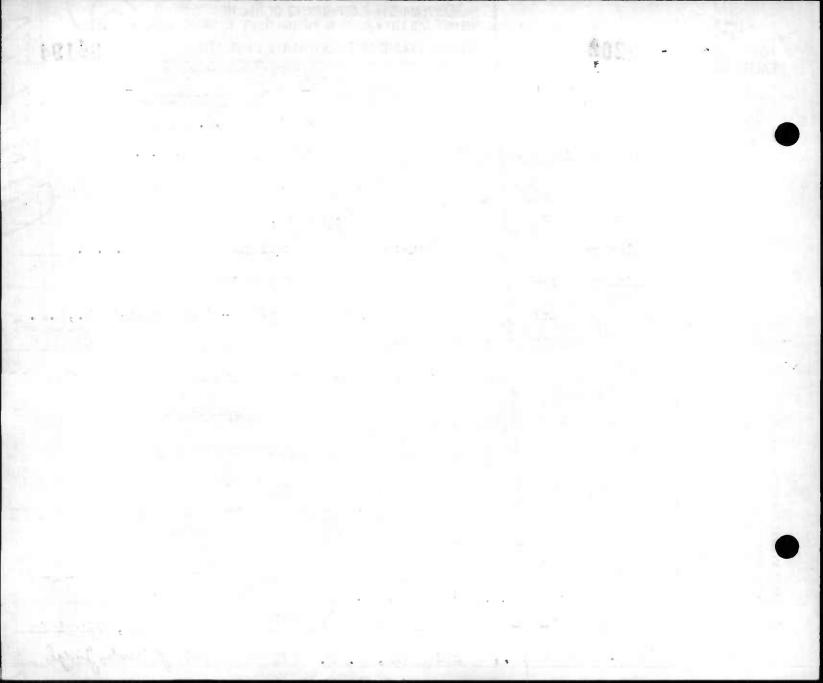
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0420	2		ICAL EXAMINE				MARITAND 2	04194
1.	PLACE OF DEATH						Where deceased lived, if		dence before admission)
	o. COUNTY Prince	George's		MARYLAN	ND D	o. STATE		b. COUNTY	
	b. CITY DR TDWN (If outside corporate limit	s,	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If or	utside corporate limits, v	rite RURAL ond	give neorest town)
	Clintor	d give neorest town)		DOA			on D.C.		1/2 2
H		TAL OR INSTITUTION (If n	ot in hospital,			d. STREET ADDRESS	OII D.O.		e. IS RESIDENCE ON A FARM?
		n Maryland				764 Howa	rd Street,	S.E.	YES NO A
3.	NAME OF	Fi	rst	Middle		Lost	4. DATE	Month	Doy Year
	(Type or print)	Etta		Beatric	e	Hatton	OF DEATH	3	18 1966
Š.	SEX	6. CDLDR OR RACE	7. MARRIED	NEVER MARRIED	B	DATE OF BIRTH	9. AGE (In y		ER 1 YEAR IF UNDER 24 HRS.
	female	Negro	WIDDWED	DIVDRCED [March 29. 1	-910 lost birth	idoy) Month:	s Days Hours Min.
		(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (Stote		12.	CITIZEN DF WHAT
	ring most of working M iniste		11	Church		Maryla	and	U.	COUNTRY?
	. FATHER'S NAME					14. MOTHER'S MAIDEN		1	
	Salisbu	rv Ford				Geneva S	Smith		
15	. WAS DECEASED EVE	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. II	FORMANT		Address	
(1	$\stackrel{es, no, or unknown}{N}$	(If yes give wor or dates on None	of service)		Me.	Lvin Hatte	on - 764	Howard	St.S.E.
	PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Hear						INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony	,			7 *	777 7	3.		
	rise to immediat	le couse (o),		rtensive Car	ralc	-yascular 1	Jisease		over 1 year
	stating the unde	rlying cause	(c)						
ATION	PART II. DTHER SI	IGNIFICANT CONDITIONS C	DNTRIBUTING	TD DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CD	NDITIDN GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DI	SCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Part I or Part II of item	18.)	
MEDICAL	20c. TIME OF INJ Hour o.i	10	20d. I While of wor	Not While		E OF INJURY (Home, farm ry, street, office bldg., etc.		own) (County) (Stote)
	21. I certif	y that I took charg	e of the rer	moins described obov	e, hel	d on Autopsy X,	Inspection X,	Inquiry X	ond in my opinion
	deoth resul	ted from: Notur	7 couses	Accident [],	Suici	de 🔲, Homicide		ned monner	
	ACTUAL	(sh	19	1-		CHIEF MEDICAL	The same of the sa		22. DATE SIGNED
	SIGNATURE	17/19	112	10		HLD.	OICAL EXAMINER		3-19-66
	EXAMINER'S NAME (Type)	ohn Kehoe M	D. R	iverdale. Mo	1.		t, city, town, or county)		<i>y</i> 1, 00
23	o. BURIAL, CREMATIC	ON 23b. DATE TH				REMATORY -	23d. LOCATION (Cit	y or Town)	(County) (Stote)
	REMOVAL (Specify	3-23-	66	23c. NAME OF CEMETER Arlingto	n N	ational	Arli	ngton.	Virginia SIGNATURE
	4. FUNERAL DIRECTO			ADDRESS		2So. REC'I	D BY REGISTRAR		4
J	ohn T.]	Rhines Co	. Wa	shington.	D.	C. MAR	2 3 1966	Milian	en Judge

VR A15ME (5) 6M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7/7 hours efter Death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1)42115	CERTIFICATI	E UF DEATH		04195
1.	PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If institution: R	tesidence before admission
	a. COUNTY		a. STATE	b. COUNTY	
	PRINCE GEORGE b. CITY OR TOWN (if outside corporate lim	its, c. LENGTH OF STAY IN 1b	C CITY OR TOWN (IF	ND PRINCE outside corporate limits, write RURAL	GEORGE'S
1.	write RURAL and give nearest town)		c. on i ok ionii (ii	butside corporate mints, write norm	dia giro noticot toni
A	NDREWS AFB MARYLANI			ALTERS LANE	11e-1
	d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM?
U	SAF HOSPITAL ANDREW	IS	FORRES	TVILLE MARYLAND	YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
1)	(Type or print) ANDREW	JOHN HAWKINS		OF DEATH MARCH	6 19 66
5.	a FV		. DATE OF BIRTH	9. AGE (In years IF UNDER	
	MALE CAUCASIAN W		5 MAR 66	last birthday) Months	Days Hours Min
10	Da. USUAL OCCUPATION (Give kind of work done			unty & State, or foreign country) 12. C	ITIZEN OF WHAT
dı	iring most of working life, even if retired)	INDUSTRY		CC	DUNTRY?
1	3. FATHER'S NAME	N/A	14. MOTHER'S MAID	,01,020	USA
1					
-				L. BLISS	
0	5. WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unkown) (If yes give war or dates of servic	(9)	INFORMANT	Address	
L	N/A N/A	N/A PAI	UL E. HAWK	CINS, SAME AS #2	
	18. CAUSE OF DEATH [Enter only one cause	se per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Respiratory Fa:	ilure		ONSET AND DEATH
1	1135	110000			
	Conditions, If any, which	Prematurity			12 Hrs
	gave rise to Immediate	Frematurity			
	cause (a), stating the DUE TO underlying cause last.				
I S		NTRIBITING TO DEATH BUT NOT BELA	TEN TO THE TERMINAL D	ISEASE CONDITION CIVEN IN PART 1(2)	119. WAS AUTOPSY
ATE	TAKTII. OTTEKSIGNII IOANI CONDITIONS OF	SATKIBUTING TO DEATH BUT NOT KEEN	LED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN FART 1(a)	PERFORMED?
FIC	AND ASSISTED WAS UNDERLYING TO				YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of Item 18.	.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	factor	CE OF INJURY (Home, far y, street, office bldg., et	rm, 20f. (City or town) (Cou	inty) (State)
MED	p.m. 19	While at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Е	21. I certify that (!) (this hospital)	attended the deceased from5	Mar . 19	66, to 6 Mar , 196	6, that (1) (we) las
	saw the deceased alive on 6 MA	R 19 66 and that		230 _M , from the causes and on t	
	22a. SIGNATURE	+ 5			ATE SIGNED
	Xogent doil	(25 (MI) M.D.		MED. STAFF	MAR 1966
	22c. PHYSIOIAN'S) Cyris			lrews.
-	NAMP (Type)	APT_MC_USAF		VED MISSPITEL AND	1331
23	a. BURIAL, CREMATION, 23b. DATE THERE		Andrews /	23d. LOCATION (City, town or cou	unty) (State)
1	REMOVAL (Specify)	1/1016	. / /	1 11:00+ 1	ireinia
2	BURIAL MARCH 10, 1	ADDRESS 47711		'D BY REGISTRAR' 25b. REGISTRAR'	6
1	W W CHAMBER	0 10 31/11	AAAM		en Judas
1	Po Dili I Conc	111256	DO DATMAK	July Kong	en work

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5 5 STATE OF THE STATE April 1984 - 1294 - 1295 - 1295 - 1295 - 1295 - 1295 - 1295 - 1295 - 1295 - 1295 - 1295 - 1295 - 1295 - 1295 -SALE OF THE STATE The state of the s The state of the s THE TAXABLE PROPERTY. WAR I'V 3861 WY RAM

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciap-and-completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the system, within 72 hours after dept. O S

		MAKILAND STATE DI	PARII	WENT UF	HEALIH			
IVISION C	F STATISTICAL	RESEARCH AND RECORD	S, 301 W	. PRESTON	STREET,	BALTIMORE 1	, MARYLAND	
204		CERTIFICATION OF THE PROPERTY	E OF	DEATH			0419	18
							() -6 () 0 /	12.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
a. COUNTY Prince George's	e. STATE, b. COUNTY
IWAK I DAND	Maryland Pr. Geo.
write RURAL and give nearest town)	
Cheverly 3mos. 22das d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	(Hyattsville) Villa Heights // _/
Prince George's General Hospital	ON A FARM?
3. NAME DF First Middle OECEASED	DF
	Terrmann DEATH March 17 1966 B. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HF
7. WARRIED NEVER MARRIED	last birthday) Months Days Hours Min
Female White WIDOWED DIVORCED	11-11-1889 76 yrs.
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even If retired) INDUSTRY	COUNTRY?
Ret. Clerk Printing Co.	France U.S.A.
13. FAIRER'S NAME	14. MOTHER'S MAIDEN NAME
Henri Croissant	Camille Racine
(Yes, no, or unkown) (If yes give war or dates of service)	INFDRMANT Address
no 579 28 5417A M	innie E. Nuthall Same as #2 (daughter)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A NEURYS M L	eft Wenthicke yween
4201 DUE TO 1	LEFT GENTRICLE ONSET AND DEATH YWEET LEFT GRACTION 21/2 mos
Conditions, if any, which) (b)	IL INFARCTION 21/2mos
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	DEPENDMEN?
(Ancinoma of Rectu	YES AND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work at work	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	14-4 1960 to 3/17, 1966that (1) (we) la
22a. SICNAFURE	t death occurred at
Mrmon & Ofmicare	ATTENDING DIRECTOR D STAFF DIRECTOR PHYS. 0 3/18/66
220. PHYSICIAN'S NAME RYDER MAM). COMER L	3503 Jennys T m T (AIN 1en M
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bur Specify) 3/21/66 Cedar Hill	Suitland. Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville, Md.	DAMAR 2 1 1966 Charles Judge

VR AIS (4) 20M 1/65

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
	HOSPITAL OR ATTENDING PI
	5

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1942	3		CERTIFIC	AIE UF	DEATH				U#1:	91
1.	PLACE DE DEAT	Щ	1		2. USU	AL RESIDENCE (Where deceas	sed lived, If Insti	tution: Resid	dence before a	dmission)
	a. COUNTY		1/2.			TATE	20	b. COUNT	/Y	11.	
	h CITY OF TON	unce	Glean	MARYLAN MARYLAN	ND OLTY	OR TOWN (If out	alda agena	rata limite writ	a PHPAL an	daiya naara	et town)
	write RURAL	and give near	corporate limits,	c. LENGTH OF STAY IN	in c. City	DR TOWAY (IT OUT	side corpoi	ate minus, write	B KUKAL di	RIVO II CALO	St town)
	L'	aurel	/0	3 day	5	Lan	rel		164	/	
111	d. NAME OF HO	SPITAL OR INS	TTUTION (If not in he	ospital, give street addr	ess) d. STREI	ET ADDRESS	1	_	1	e. IS RES	SIDENCE FARM?
	La	unel	Gener	al Nashil	tal .	4176	San	van i	line	YES 🗌	NO
3.	NAME OF		First	Middle	La	st 4,	DATE	Month		Day Ye	ear
	(Type or print)	/	VI POIL	1	16.	10/4	OF DEATH	Mar	sol.	4 19	66
5.	SEX	6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE C	F BIRTH		GE (In years I	FUNDER 1 Y		R 24 HRS.
	F	1/	WIDOWED	DIVORCED [last.	17 16-	20	11	Aonths Da	ays Hours	Min.
100	. USUAL OCCUPA	TION (Clue kind		IND OF BUSINESS OR	July 1	THPLACE (County	2 State of	forming country)	1 12 CITI	ZEN OF WHA	T
dur	ing most of worl	king life, even i	f retired)	NDUSTRY	II. BIK	THPLACE (County	y & State, or	1 oreign country)		NTRY?	
	lan	ryer	(1.	S Chanern	neut /c	Junta	usu;	le ma		00	4
13.	FATHER'S NAM	ME	2 1	1	14. MO	THER'S MAIDEN	NAME				,
11	8-1		0 11.1	0		I was	11:	Ttal.			
15	. WAS DECEASED	EVER IN U.S. AR	MED FORCES? 16.	SOCIAL SECURITY NO. 1	17. INFORMAL	NI O	/ u	Address			
(Ye	s, no, or unkown)	(If yes give war o	r dates of service)	. 76 0	A	1		1	11	1	61
	no		- KZ	0-35-090	U. Ca	y War	inld	con 1	Yau	ul /1	ny
			7 1	ine for (a), (b), and (c).]	1 11		1			ONSET AND	DEATH
	PART 1. D	EATH WAS CAU		27 1 Chry En	1 4/18	11/05/11	her	,		188	4
	3.31)	Y IMMEDIATE		1			5	1			X
	Conditions, If	any which \	DUE TO	11/10	/ .	~	0			10 14	no
	gave rise to		(b)	Hanne	110	ac -				17	1
н	cause (a), s	stating the	DUE TO	10	n-1.		- D.	-		151	1.
_	underlying cau		(c)	Tuel	und	rusal	KUR	over		100	1/2
CERTIFICATION	PART II. OTHER	SIGNIFICANTO	INDITIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED TO TH	ETERMINAL DISE	ASE CONDI	TION GIVEN IN P	ART 1(a)	19. WAS A	UTOPSY RMFD?
CAI		(101	150 /	1 astru	Time					YES T	NO A
H	20a. ACCIDENT	WAS UNDERLY	'ING □ 20b. [ESCRIBE HOW INJURY	OCCURRED. (En	ter nature of Inj	ury in Part	I or Part II of	Item 18.)		923
ER	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	ING CAUSE	OF DEATH		1						
	20c. TIME OF			NJURY OCCURRED 120e	DI ACE OF INIII	JRY (Home, farm,	1 206 (01	ty or town)	(County	w)	(State)
MEDICAL	Hour a.		While			office bldg., etc.)	201. (61	ty of town)	(Count)	"	States
ME		.m.	19 at work	at work	1			1			
	21. I certi	fy that (I) (th	is hospitaly attende	ed the deceased from	7/10	. 194	£, to_	3/14	1966	that (I) (we) last
		ceased alive	- /200		that death or	and the second second		the causes a	nd on the		
	22a. SIGNATU		17/1	100000	that double of			1	22b. DATI		
		111/	1/6/11		ATTEN	DING MED). FOTOD	STAFF -			
	22c. PHYSICI	ANGELL	1 aluna		M.D. PHYS.	ADDRESS	ECTOR	PHYS.			
	NAME (T		MARK	C 1/	2201	ADDITEGO .		nel			
		5/1	·VVANR	UIV		rau	ru,	IVA	8		
23a	REMOVAL (Sp		DATE THEREOF	23c NAME OF CEMI	ETERY OR CREM	ATORY	23d LOCA	TION (City, tow	in or count	y) \(\sigma (S	State
	3	3	-17-66	thenen	u Cen	relever.	Bus	Tunar	elle	In	d
24	. FUNERAL DIR	ECTOR		ADDRESS	, C, 1	25a. REC'D	BY REGISTI	RAR 25b. REG	STRAR'S	SIGNATURE	1
	Ab lin	11.1/2	are las.	Kanal	hed	n. 18/10 0	0 40	00 001	10.10	6	

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEA	\LTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
04206	CERTIFICATE OF DEATH	0419

1. PLACE DF DEATI a. COUNTY					2. USUAL RESIDENCE a. STATE		eased lived, If Inst		dence befo	ore admission)
Prince (Seorge's		MARYL		Virgin	ia		to DIID M. or	al alua a	V // // // // // // // // // // // // //
write RURAL Cheverly	N (If outside corporal and give nearest tow	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If		orate limits, wri	TE RUKAL OF	give n	earest town)
	SPITAL OR INSTITUTION	N /If not In h			 Vienna d. STREET ADDRESS 			- 6	21 0	RESIDENCE
	George's Ge			ui csa)		idwell	Drive		0	N A FARM?
3. NAME OF		rst	Middle		Last	4. DATE	Month		Day	Year
DECEASED (Type or print)	Bal		Girl		Hirl	DF DEATH	March		24	19 66
5. SEX	6. COLOR OR RACE	1		I g	DATE OF BIRTH		AGE (In years)			
Female	White	WIDOWED	NEVER MARRIED DIVORCED	A	March 24, 1		last birthday)	Months D		ours Min.
10a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (C			12. CITI	ZEN OF V	
none	ing maj aran n ranta		one		Prince Geo	rge's.	Maryland			
13. FATHER'S NAM	E				14. MOTHER'S MAIL		, , ,			
Toponh Dos	ton Winl				Margaret E	llon Me	erona le			
Joseph Pet	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	1 17.	INFORMANT	TTEH M	Addres	S		
	(If yes give war or dates o									
no		-	-		Mother		above			
	DEATH [Enter only on		ne for (a), (b), and (c)	1 5						L BETWEEN
PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (1)	emaker	Ne	1 .					
776X			X	1	111	LD				-1000
Conditions, If	DUE	ALA	Ola A Vena		Vallas.					
gave rise to	Immediate /	(b) 72 C	cool du.	-(0000					
cause (a), s		ТО								
underlying caus		(c)							140 1114	ALITODOV
PART II. OTHERS	SIGNIFICANT CONDITION	ONS CONTRIBU	ITING TO DEATH BUT N	OT RELA	TED TO THE TERMINAL	DISEASE CONI	DITIONGIVENIN	PART 1(a)	PE	AS AUTOPSY RFORMED?
OR CONTRIBUTI	WAS UNDERLYING THE ING TO CAUSE OF DEATHER MEDICAL EXAMINATION	TH	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	f Injury in Pa	rt I or Part II o	f Item 18.)		
₹ 20c. TIME OF	INJURY Month, Day,		NJURY OCCURRED 12	Oe. PLAC	E OF INJURY (Home, f	arm. 2Df. (City or town)	(Count	(y)	(State)
20c. TIME OF Hour a.r		While	Not While	factor	y, street, office bldg., 6	etc.)				
		at work								
21. I certif	y that (I) (this show	ixixi) attende	ed the deceased fr	omM	arch 24 , 1	9 66_ to_	March 2	4, 1966	_, that	(I) feet last
saw the de	ceased alive on	March 2	24 19 66, al	nd that	death occurred at	7: 45 M, fro	m the causes			
22a. SIGNATU	RE //	n.	1-74			pm		22b. DAT	E SIGNE	D
1/4	11 10	Xu,	Tal	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3-2	4-	66
22c. PHYSICIA					22d. ADDRESS					
NAME (T	ype) Milos A	. Jansa	1		7403 Varn	num St.	Landove	r Hill	s, Mo	d.
23a. BURIAL, CREM REMOVAL (Spo	IATION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY	OR CREMATORY	11	CATION (City, to		ty)	(State)
Buria		06		ngt	on Nation	al Ar	clingto	n Va	01000	D.F.
Jas. T. Rya		m, 431	ADDRESS 7 Pa.Ave.	,SE		R 30	1966 AC	Layle	SIGNATU Je	LAR
6-2011	21				LOUIT				0	0

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M. James A. James Vargum St. Landown Lidle, Md.

ATE	04207	MEDICAL	EXAMINER'S	CERTIFICATE C	F DEATH	1	4100
EPT. 1. PLA	ACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if	institution: Residence	e before odmission)
	COUNTY Prince George's		MARYLAND	o. STATE Marylar	nd	b. COUNTY Prince	George's
b. (CITY OR TOWN (If outside carparate limit	s, c. LEM	IGTH OF STAY IN 1b		utside carporate limits, w		
,	write RURAL and give nearest tawn) Jefferson Heights			Jeffers	on Heights		16-1
d. 1	NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospital, give stre	et address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
6	602 K Street			6602 K	Street		YES NO D
3. NA	ME OF F	irst	Middle	Lost	4. DATE	Manth	Day Year
(Ty	pe or print) Ma	ry	Lena	Holmes	OF DEATH	3	12 1966
S. SEX	6. COLOR OR RACE		LA	8. DATE DF BIRTH	9. AGE (In y		YEAR IF UNDER 24 HR Days Haurs Min
	emale Negro	WIDOWED	DIVDRCED	11-7-29	36	yrs.	Tru or work
during	JUAL OCCUPATION (Give kind of wark dane mast af warking life, even if retired)	10b. KIND OF I INDUSTRY		11. BIRTHPLACE (State	ar tareign cauntry)	7501	ZEN OF WHAT
	ATHER'S NAME	,		14 MOTHER'S MAIDEN	NAME	14.	3 17
41	Alleman Hombi	17110180	P11	Elenak	ether W	- hos no	Red 1
	AS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL	SECURITY NO. 17.	INFORMANT	10	Address	21
(Yes, n	no, or unknown) (If yes give war or date	at service)	7	enrietta	Ilrama	04536K	Verst, 718
18	8. CAUSE OF DEATH (Enter only one co	use per line for (o), (b)	, ond (c).)	7			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	(o) Hemorrha	ge and Shoo	ck			ONSET AND DEATH
	982 X DUE						
	anditians, if any, which gave) se to immediate cause (a),		on of live	and			
	ating the underlying couse DUL		To skeep to do	- of bond s	and hadre		
	ART II. OTHER SIGNIFICANT CONDITIONS (ns of head a		1(a)	19. WAS AUTOPSY
NOT	AKT II. OTTICK STONITICANT CONDITIONS	CONTRIBUTING TO DEAT	BOI NOT KELATED TO	ITTE TERMINAL DISEASE CD	NDITION GIVEN IN PAKT	1(0)	PERFORMED?
	Oa. EXTERNAL CAUSE WAS	20b. DESCRIBE	HDW INJURY DCCURRED.	(Enter nature of injury in	Part I ar Part II af item	18.)	1 12 10 [
	RIMARY 🔀 or CONTRIBUTING 🗆 AUSE OF DEATH.			oy assailant			
MEDICAL 1	Oc. TIME OF INJURY Manth, Day, Year	204 INDUDY O	CCUIDDED DO DIA	CE DF INJURY (Hame, farr	n, 20f. (City ar to	awn) (Cou	nty) (State)
W al	Hour a.m. 0.3:00FM 3-1219	66 at wark	lat While at wark NOT	ary, street, office bldg., etc. NO	Jefferso	n Hts. F	G. Md.
	21. I certify that I taak charg	e af the remains	described abave, he	ld an Autapsy 🔲,	Inspection X,	Inquiry X,	and in my apini
	death resulted fram: Natur	el couses [], A	Accident 🔲, Suic	ide 🔲, Hamicide		ned manner 🗌	200
A	CTUAL	Na	1	CHIEF MEDICAL			22. DATE SIGNE
SI	IGNATURE	1/19/	7	M.D.	DICAL EXAMINER [3-13-66
E) N	XAMINER'S AME (Type) John Kehoe M	I.D. River	dale. Marv		AL EXAMINER X t, city, tawn, ar caunty)		7-17-00
230.CB	BURIAL CREMATION. 1/23b. DATE TH		NAME OF CEMETERY OR		23. LOCATION (Cit	y or Town)	(County) (State)
2 N 230.(8	REMOVAL (Specify) 13-16-1	966 1	recalan mi	em l'emeter	Withe	uel.	mil

necessory, pleose exer the funeral director. P O DEPUTY ME

230 BURIAL CREMATYON, REMOVAL (Specify) FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

22. DATE SIGNED

1966

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FOR STATE DEPT please execute the certificate, writing the word "pending" in pencil in Ihem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

04208

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT			2. USUAL RESIDEN	CE (Where decessed lived, If i		dence before edmission)
FLIM	ce George's	MARYLAND	Mary!	land	Princ	ce George's
	(if outside corporete limits, d give nearest town)	e. LENGTH OF STAY IN 16	e. CITY OR TOWN	If outside corporata limits, write	RURAL and give	ve nearest town)
	erly, Maryland	DOA	Forestvi	lle, Maryland	/	6-1
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS			e, IS RESIDENCE
Prince	George's Genera	1	7673 Walter	rs Lane		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	D	Year Year
(Type or print)	Sherman	Ray	Horton	DEATH March	16	6 19 66
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years		AR IF UNDER 24 HRS.
Male	White widow		September 10	1932 last birthday)	Months Dey	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR			12. CITIZEN	N OF WHAT COUNTRY
Glass Wol	orking life, even if retired)	2111 m	Wood Wine	admin a	11	C
13. FATHER'S NAME	IKEI 1000	R+WHIDOW MFGI	West Vir		1 0,	.S.
M	7 4-					
Erman I		SOCIAL SECURITY NO. 17. 1	Virvia Ba		521 600	th Place
	If yes give war or dates of service)					
		32-42-8244 The	erman Horton	-Brother Seat		ant, Md.
	DEATH Enter only one cause per	line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PARI I. DEAI	TH WAS CAUSED BY, IMMEDIATE CAUSE (a) ACU	te congestive	neart failur	e		
428	DUE TO					
Conditions, if en	y, which) (b) Myc	cardial infarc	tion			
geve rise to Immed	liate cause	A THE THE PARTY OF	WAVW.			
(a), stating the cause lest.	Inderlying		-lonetic bee	nt diana		
	R SIGNIFICANT CONDITIONS CO	conary arterios			EN IN PART 1(4	I 19 WAS ALITOPSY
6						PERFORMED?
200. EXTERNAL C.	AUST WAS LOOK DISC	TRIBE HOW INTHES OCCURRED	(Fig. 1) and the first and the	N. 1. D. 111 (2) - 10 \		YES NO
PART II. OTHE	ONTRIBUTING	PARE	(Enter nature of injury in i	rent or Pan II of Hem Io.,		
3 20c. TIME OF INJU	JRY Month, Dey, Yeer 20d	, INJURY OCCURRED 200. PLA	CE OF INJURY (Home, fare	m, 20f. (City or town)	(County)	(State)
20c. TIME OF INJU	Whi	le Not While fact	ory, street, office bldg., atc	:-)		
Pinn	- 17		H as Automic D	1	1973	
1	hal took charge of the re-			Inspection X, Inquir		nd in my opinion
death resulted	from: Natural causes	Accident Suic	ide . Homicide	, Undetermined m	anner	
	V // .	Tour	CHIEF MEDICAL	EXAMINER -		
SIGNATURE	eluexuit C	3 Velen!	ALD. ASSISTANT MED	DICAL EXAMINER		DATE SIGNED
EXAMINER'S			DEPUTY MEDICA	L EXAMINER		3/17/66
NAME (Type)	Cornelius J. But	ns, M.D. Cheve	rly Med ross (Street,	city, town, or county)		
22a. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town	or county)	(Stete)
REMOVAL (Specify	20 MAR 1966	BLUE RIDGE M	EDGRINA GADE	WW RECKI	EY	W. UA
23. FUNERAL DIRECTO	DR (a	ADDRESS 1		"D BY REGISTRAR 24be AFE	STRAMS SIGN	ATURE
W.W. Ch	ambers 600	Riverdale,	MAR. MAR	2 3 1966 /	arles	noge

VR A15ME 5M 1/63

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55 I Mar . 100	01:18C 63 11	SHORT HINDER MORE	10 10 10 10 10 10 10 10 10 10 10 10 10 1	[] 3
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		yookr k in ci i . rourr creek		
	Trade (2) reset (2) Version in annother to 1 July 1997 in 199		na programme in the second control of the se	
:/17/66	Marker Hermanie St. Marker von Schlerbigs St. St. St. St. St. St. St. St. St. St.		,	
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UMAUS	MEDICAL EXPANSION S	CENTIFICATE O	T DE/TITE		4201	
1. PLACE OF DEATH	•		Where deceased lived, if		e befare admiss	ian)
a. COUNTY Prince George	S MARYLAND	o. STATE Marylan	d	Prince G	eorgeYs	3
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If at	itside corparate limits, w	rite RURAL ond give	nearest tawn)	
Cheverly	DOA	Suitland			16.1	
d. NAME OF HOSPITAL OR INSTITUTION (If nat is	n hospital, give street address)	d. STREET ADDRESS			e. IS RES	FARM?
Prince George Genera	l Hospital	5513 Parkl	and Court			NO 🔀
3. NAME OF First	Middle	Last	4. DATE OF	Month	Day Y	ear
(Type or print) Karen	Vivian Hov		DEATH		23 19	
S. SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y		YEAR IF UNDE Days Hours	ER 24 HRS.
T CHIETC MILLOC	WIDOWED DIVORCED	22 March 19	45 21	yrs.		mir.
10a. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	0 //		ZEN OF WHAT	
Housewire	MOUSIKI		on, D. C.	U. S	NTRX?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Joseph M. Knott		Vivian	Ward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af si	ervice)	INFORMANT		Address		
(, 5, 10, 5, 5, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Jo	hn R. Howie	5513 Park	land Cour	ct	5
1B. CAUSE OF DEATH (Enter only one cause					INTERVAL BE ONSET AND	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute pulmonary	edema			ONSET AND	UCAIN
5272 DUE TO						
Conditions, if ony, which gave (b)	Cause undetermin	e d				
stating the underlying cause DUE TO						
last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CON	IRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	l(o)	19. WAS AUT PERFORA	TOPSY MED?
CCATIC					YES 🔀	NO 🗌
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item	1B.)		
20c. TIME OF INJURY Manth, Day, Year Hour a.m.	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm tory, street, affice bldg., etc.)		own) (Cour	ıtγ)	(State)
p.m. 17	at work at wark					
	of the remains described above, he	eld an Autapsy 🔀,	Inspection 🔀,	Inquiry 🔀,	and in my	apiniar
death resulted fram: Natural	causes 🔲 , Accident 🔲 , Suic	cide 🔲, Hamicide	, Undetermin	ied manner 🗶		
ACTUAL	× 1)	CHIEF MEDICAL			22 DATE	CICNED
SIGNATURE	1 ext	(f). U.	ICAL EXAMINER []		22. DATE	SIGNED
EXAMINER'S John Kehoe, M	I.D. Riverdale, Md.		AL EXAMINER (x)	3.	-24-66	
23a. BURIAL, CREMATION, 23b. DATE THERE			23d. LOCATION (City			(State)
REMOVAL (Specify) 3-26-66		Cemetery			ryland	
24. FUNERAL DIRECTOR	ADDRESS				-	
Wilhelm Funeral Home	4308 Suitland Rd St	ritland MAR	BY REGISTRADES	y wavel	1 Junge	-

Maryland

VR A15ME (5) 6M 1/66

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the word "pending"

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY P.M.3. Page 90 0 death. delay is Prince George's MARYLAND Prince George's portment b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo write RURAL and give nearest tawn) ofter -vattsville 10 Years Hyattsville d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) form hours 8. Give Poges 1, 7006 Barton Road Barton Road YES NO X ote This certificate should be executed within 24 hours after deoth. Office along with 3. NAME OF First Middle Last 4. DATE Year with the Str Manth Doy DECEASED OF William Hudson (Type or print) F11 sworth DEATH 1966 SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Days Haurs white 2-13-03 male WIDOWED DIVORCED Item 1 7 event land 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? INDUSTRY Civil Service Baltimore, "arvland rd "pending" in pencil in Chief Medicol Examiner's any Book Binder USA pages pencil 13. FATHER'S NAME 2 Matilda pup William E. Hudson (unknown) File Addres7041 Barbara Rd. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT permit. or removal. (Yes, na, ar unknown) (If yes give war ar dates of service) Mrs. Helen King(daughter)Alexandria, 216-10-6274 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congestive Heart Failure writing the word cremotion, DUF TO Conditions, if any, which gave Aortic Stenosis over veal (b) rise to immediate cause (a). 4 should be forwarded to DUE TO O stoting the underlying couse (c) Rheumatic Valvular Heart Disease 0.5 vears burial, used WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? the certificote, NO 0 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) or its designated ogent, prior 3 should PRIMARY ar CONTRIBUTING CAUSE OF DEATH. MFDICAL

20d. INJURY OCCURRED

Nat While

at wark

Accident

Riverdale.

While

Natural causes

at wark

21. I certify that I took charge of the remains described above, held an Autopsy [

please execute TO DEPUTY

VR A15ME (5)

0 10

Heolth ,

FUNERAL DIRECTOR: Poge

retoined

moy be

the funerol director.

REMOVAL (Specify) 966 Meadowridoe Mem. 24. FUNERAL DIRECTOR

23b. DATE THEREOF

23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY Park

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Address (Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

Hamicide

20f

Inspection X

Elkridge RFD. Maryland

Inquiry X

(County)

(County)

(State)

and in my apinian

22. DATE SIGNED

3-7-66

(Stote)

250 RECEASY REGISTRAR 350 REGISTRAR'S SIGNATURE DATE MAR I U 1966 The Property of the Property

(City ar tawn)

Undetermined manner

Suicide [

20e, PLACE OF INJURY (Hame, farm,

factory, street, affice bldg., etc.)

Singleton Richard V.

20c. TIME OF INJURY Month, Day, Year

Haur a.m

death resulted fram:

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

BURIAL CREMATION

Glen Burnie, Md

GEST SPEAK AND THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF

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MARYLAND STATE DEPARTMENT OF HEALTH

RE 1, MARYLAND

DIVISION OF ST	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESION SIREEL, BALLIMO
04211	CERTIFICATE OF DEATH

.04211			CERTIFIC	ATE	OF DE	ATH			04	203
1. PLACE OF DEATH a. COUNTY Prince	George's		MARYLAN		a. STATE	dence (When	b. COU			ce before edmission)
b. CITY OR TOWN (i	outside corporate limit give nearest town)	S,	c. LENGTH OF STAY IN	16	c. CITY OR TO	WN (If outside o	corporate limits, writ			
	George's G		pital, give street eddress) 1 Hospital		d. STREET ADD	Ress	Road			e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print)	First Willi		Middle Edward		Hughes	Jr. DAT			Dey	Yeer 1966
5. SEX Male	6. COLOR OR RACE		D NEVER MARRIED D	1	21/21		9. AGE (In years last birthdey) 45 yrs.	Months	1 YEAR Deys	Hours Min.
10a. USUAL OCCUPATI done during most of wo Truck Dri	rking lile, even il retire	d)	IND OF BUSINESS OR IND			(County & State	, or foreign country	12. CI	U.	S.
13. FATHER'S NAME William	E. Hughes			14.	Mary Ma					
15. WAS DECEASED EV	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO.		rey L.	Hughes 2	Address 2442 Rech			District _M
PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO , which (b)	B	ine for (o). (b), and (c).] Var eurom o non ehogetu		is Carein	oma				TERVAL BETWEEN VSET AND DEATH
PART II. OTHER		TIONS CON	NTRIBUTING TO DEATH BU	T NOT R	ELATED TO THE	TERMINAL DISEA	ASE CONDITION GI	VEN IN PAR		19. WAS AUTOPSY PERFORMED? YES NO .
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URED. (Er	nter neture of inju	ury in Pert I or P	ert II of item 1B.)			
20c. TIME OF INJU Hour a.m. p.m.	RY Month, Dey, Ye	While	Not While		OF INJURY (Hom street, office bld		(City or town)	(Co	unly)	(State)
	hat (I) (this hospi		ded the deceased fr							e stated above.
22e. SIGNATURE	Pales	Jen	lles	M.D.	ATTENDING PHYS.		STAFF PHYS.		7	March 66
22c. PHYSICIAN'S NAME (Type)	Peter D					entral A				ights, Md.
23a. BURIAL, CREMATI REMOVAL (Specily) Burial	3-11-6		Arlington		onal	A	rlington,	Va.		(State)
24 FUNERAL DIRECTOR	r's signature	14	OO Charpin	St.	N. W. 256	AAR 9	1966 25b. Ru		SIGNA	TURE ISGL

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	PLACE OF DEATH o. COUNTY Pri	nce G	org	•8	MAR	YLAND 2.	USUAL RES	Mary	yland	ь. со					sion) Orge
	b. CITY OR TOWN (III RURAL and give ne Lanham	orest town)			3-Week			TOWN (If o			vrite RUI				
1	d. NAME OF HOSPIT. OR INSTITUTION Magnolia				dress) ng Home	R	d. STREET	ADDRESS × 226	66						FARM?
3.	NAME OF DECEASED (Type or print)		Fint hria		Middle Walls	ce	Irela		4. DATE OF DEATH			rch	12,	y	Yeor 1966.
	Male Male	Whit	• w	VIDOWED		ED 🗆 N	ov.2,	1879		9. AGE (In lost bigth	day)	Manths	Doys	Hours	Min.
	during most of work Tobacco	N (Give kind ing life, even Farmi	if retired)	-	wn Farm		Mar	yland	1	ountry)			U.		A .
	Joseph I						Sar	ah	IAME						
	No	It yes, give war or	dates of servi	21	7-36-98	34 J		Agnes	Ir.	land-	San	10 8	#2.	tem	
	PART I. DEAI Conditions, if or gove rise to in couse (a), stating t lying couse last.	TH WAS CAUS IMMEDIATE C ny, which nmediate	SED BY:	A	Locar Los les	dial	Fund	lovas	culu	J.	}e u	re			DEATH
CERTIFICATION					NTRIBUTING TO DE							IN PAR	T 1(o) 1	PERF	AUTOPSY DRMED?
MEDICAL CERT	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXA	DEATH MINER) Pay, Year		URY OCCURRED Not while	20e. PLACE	OF INJURY	(Home, farm,	, 20f. (City		-	((County)		(Stole)
	21. I certify the alive an	Ch.	14	1961	-	death ac	Up	9:15	anlbe		ses an town, sto Mar	d an ti	nd	e stat	decease ed above ATE SIGNE 2/66
1	BURIAL, CREMATION	3/1	THEREOF 6/66			nabas			Lee	lon (city, t				d. (Sio	le)
-	FUNERAL DIRECTOR'S		Uppe:	r Ma	rlboro,	Md.		MAR	BY REGIST	166 A	REGISTI	rar's sic	Jug	e ye.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that may be retained the haspital or attending physician.

TO FUNERAL I TOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. VS A15 (4) 1SM 9/SS

D FUNERAL 1 - 10R: After this certificate has been signed by the attending physician and campletely filled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-EALTHACHE, TO

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death." TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

			0-200						
1.	PLACE OF DEATH a. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. COUNTY	esidence before admission)						
		Dist. of Col							
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
	Hyatts viile	Washington 4:	7 - 3						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
	Hyattsville_Nursing Home	4516 5th St. N.W.	ON A FARM?						
-	6500 Riggs Road		YES NO						
3.	NAME OF First Middle	Last 4. DATE Month	Day Year						
	(Type or print) ETHEL		23, 1966						
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER :	YEAR IF UNDER 24 HRS.						
	F White WIDOWED DIVORCED	1-7-84 last birthday) Months 82 yrs.	Days Hours Min.						
108	a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT						
dur	ring most of working life, even if retired) INDUSTRY Housewife	North Carolina	UNTRY?						
		1102 012 - 012 02 21100							
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	DANIELA. Mc CArcy	Lou MORRIS	- D-C						
(Ye	5. WAS DECEASED EVER IN U.S. ARMED FOR JES? 16. SOCIAL SECURITYNO. 17. es, no, or unkown) (If yes give war or dates of service)	INFORMANT Address W.S.S.	n. D.C.						
	(res, no, or unkown) (Tryes give war or dates of service) 579-60-8724 Hayes T. Jackson, 4702 Brandywine St.								
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	14 • 14 •	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	11000	ONSET AND DEATH						
	IMMEDIATE CAUSE (a) Control of the C								
	4200 DUE TO 1	Olla							
	Conditions, If any, which (b) (b) (c)	is been accessed	minen						
	gave rise to Immediate Cause (a), stating the DUE TO		- years						
×	underlying cause last. (c)								
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY						
T		*T	PERFORMED?						
10	Chronic serve molnuty	lion	YES NO						
Ē	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)							
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)						
ă	Hour a.m. While Not While facto	ry, street, office bldg., etc.)							
M	p.m. 19 at work et work								
8	21. I certify that (I) (this hospital) attended the deceased from \mathcal{D}	ee 10, 1965, to march 23, 1961	(c), that (l) (we) last						
	saw the deceased alive on march 21 1966, and that	t death occurred at 2 M, from the causes and on the	e date stated above.						
	220 CICNATURE A 1 22h DATE CICNED								
	March 1 Deans	ATTENDING MED. STAFF	7 hrs. 623 19/1						
7	M.C. SUNCIONALINIO		720,1166						
	22c. PHYSICIAN'S NAME (Type) 1 3 / NAME (Type) 1	22d. ADDRESS	. C. 11						
	MAROLD W. BRAPER MID	1911 SilvER Spring AVE, Sil	VER SPYING INC						
23a		OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)						
F	REMOVAL (Specify) 3-25-1966 Arlington N	+17 Com A-71							
24		at 1 Cem Arlington	RIGNATURE						
-	losenh Gawler's Sons Inc	001. 1							
-	osephicawler's Mons, wash. D.C.	DAMAR 28 1966 Cliante	, judge						
_		HILLIAN VIEW	11 0						

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please camboe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death-10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH 1.

1.	PLACE OF OEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
	Voince genres	MARYLAND	a. STATE b. COUNTY Maryland Prince Georges						
		LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares						
	Lautan .	unknown	Seabrook	16-1					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	Ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE				
11	nagnolia gardens no	win dome	9515 Defens	e Highway	ON A FARM? YES NO X				
3.	NAME OF DECEASED	S Middle H JA	MESON SR. 4. OAT	E Month	Oay Year				
	(Type or print)	4	Luculnoun DEA	TH Market	4 19 66				
5.	SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIEO	B. OATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months					
11	iale white WIOOWED [OIVORCEO 🔲	1/4 776	887 yrs.	Oays Hours Min.				
10a. duri		OF BUSINESS OR INC.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
		Gov't Off.	St. Mary's Cty., Md. U.S.A.						
13.	FATHER'S NAME	Dept.	14. MOTHER'S MAIOEN NAME						
	THOMAS I. JAMESON		SARA ANN LOV	E					
15.		CIAL SECURITY NO. 17.	INFORMANT	Address 951	5 Defense				
		nown Tho	mas H. Jameso		ay, Seabroo				
1	18. CAUSE OF OEATH [Enter only one cause per line		and and a support	14 No. 9 3 494 E-4431	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY:	shotten.	Lais		ONSET AND DEATHY				
	IMMEDIATE CAUSE (a)								
	Cenditions, If any, which	0. 1 14	tuisalini		lamas				
	gave rise to immediate (0)								
	underlying course last								
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
CAT	bullou blui shines YES NO NO								
CERTIFICATION	20a. ACCIOENT WAS UNDERLYING 201. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU	IRY OCCURRED 20e. PLAC		(City or town) (Cou	nty) (State)				
MEDICAL	Hour a.m. While at work	Not While Tactor	ry, street, office bldg., etc.)						
≥ .			. 1965at	2/1/ 1060	that (I) (wa) jast				
	21. I certify that (I) (this hospital) attended the deceased from 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 1967, from the causes and on the date stated above.								
	22a. SIGNATURE 22b. OATE SIGNEO								
	M.O. ATTENDING DIRECTOR DIRECTOR MED. Mar. 4,1966								
1	22c. PHYSICIAN'S 22d. AOORESS MQ.								
	NAME (Type) LEON R. LEVIT	SKY, M.D.	3408 Rhode I	sland Ave.Mt	Rainier,				
23a.	BURIAL, CAENAS MON 23b. OATE THEREOF 2	23c. NAME OF CEMETERY	ORCREMATORY 23d.	LOCATION (City, town or cou	inty) (State)				
	Burial Mar. 7, 1966	Fort Lincol	n Cemetery Bl	adenghura M	anvil and				
24.		AOORESS	25a. REC'O BY REC	GISTRAR 25b. REGISTRAR'	S SIGNATURE				
	W. W. CHAMBERS CO., R.	iverdale, M	id. OMAR 7	1966 geliante	Judge				

VR A15 (4)

1.1 the state of the s -20099030 Land Market Harden of the Control of THE LAND CR. SERVICE. .A.U.U .ba, .v,To e'vrew.rs .br. 1708.6.0 HORSING I SHIPHI At . . Logo Unanown Phogram B. . speeph Sr., Highney, Sr. in water to draw and the second of the second of 63EL, -, 13E6 LEGIST, ALVINERY, M.D. - JOS ALDER ISLENC, AVE. B. 1920, 192 Sirital par. 7, 1986 Fort Lt. col. Democry Lindentour, Barring war sistemental property and the

State of the state of E we., Karas., "Established 1 (1 Carlos . 15.0 .53 8 .83 883 865 and of the same of the same of unimum Feder Lupinster, 77 L St. M. H. manager and property of the property of the the product the same than the same of the same than the . = . 23 Clara Dale, .coviend

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, cemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE DF DEAT			CERTIFIC	ATE OF DEAT	H	04208	8 /	
a. COUNTY	George's		MADVIAN	a. STATE	h	If institution: Residence before COUNTY Prince George!	V	
b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest to	ite limits,	c. LENGTH OF STAY IN			ts, write RURAL and give nea		
Chever		,	5 days	Brentw	ood	16-1	/	
d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in i	nospital, give street addr	ess) d. STREET ADDRES	S	e. IS F	RESIDENCE A FARM?	
Prince	George's G	eneral	Hospital	4508 4	lst Avenue	YES		
3. NAME DF DECEASED (Type or print)		irst retta	Middle	Last Johnson	4. DATE DF DEATH M		Year 1966	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In)	ears LIFUNDER 1 YEAR ILF UN	DER 24 HRS	
Female	Negro	WIDOWED		1-15-15		Months Days Hou	irs Min.	
1Da. USUAL OCCUPAT	ION (Give kind of work ling life, even if retire	(done 1Db. led)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign o		HAT	
13. FATHER'S NAM		1		I 14. MOTHER'S MA	IDEN NAME	U.S.A.		
		Sn						
	Stockett, EVER IN U.S. ARMED FO		. SOCIAL SECURITY NO.	Georgianr	na Jones	Address		
(Yes, no, or unkown)	(If yes give war or dates	of service)	and the second	Nathaniel Fo	nd 1908 3rd'	Address, N.E.		
no			none	Nathaniel Po	Washingt	on, D.C.		
			line for (a), (b), and (c).]		- 1	INTERVAL ONSET AN		
PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (5)	il pul	monary	edem	79/		
4200								
Conditions, If		(b) 17h	EKI KIPLI I PH	HAMPINEGAL	1144144	19741		
gave rise to cause (a), s		E TO	U					
underlying caus	se last.			tic Heart Di				
PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	L DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS	AUTOPSY ORMED?	
D:	Labetes Me	llitus				YES	NOX	
PART II. OTHER D 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAMI) 2Db. ATH INER)	DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of Injury in Part I or Pa	t II of Item 18.)		
징 2Dc. TIME OF	INJURY Month, Day,	Year 2Dd.	INJURY OCCURRED 2De	. PLACE OF INJURY (Home, factory, street, office bldg.	farm, 2Df. (City or to	wn) (County)	(State)	
2Dc. TIME OF Hour a.		While at wor	Not while	ractory, street, omce bidg.,	, etc.)			
21. 1 certif	fy that XII) (this hos	pital) attend	ded the deceased from	March 6	19 66 , to Marc	h 11, 1966, that #	(we) last	
		March	11 1966 , and	that death occurred at	1:55M, from the ca	uses and on the date sta	ted above	
22a. SIGNATU	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 3/11/66							
22c. PHYSICIA	vne)	J. Jen	sen, M.D.	22d. ADDRESS Prince Ge	orge's Gener	al Hosp. Cheve	rly M	
NAME (T			L DO- DIAME OF ACM	TERY OR CREMATORY	1 22d LOCATION (C	ity, town or county)	(State)	
NAME (T 23a. BURIAL, CREM REMOVAL (Sp	eclfy)	THEREOF	236. NAME OF CEMI					
23a. BURIAL CREM	eclfy) 3/15/4	THEREOF	K-/			ring Marylan		

VR AI5 (4) 20M 1/65

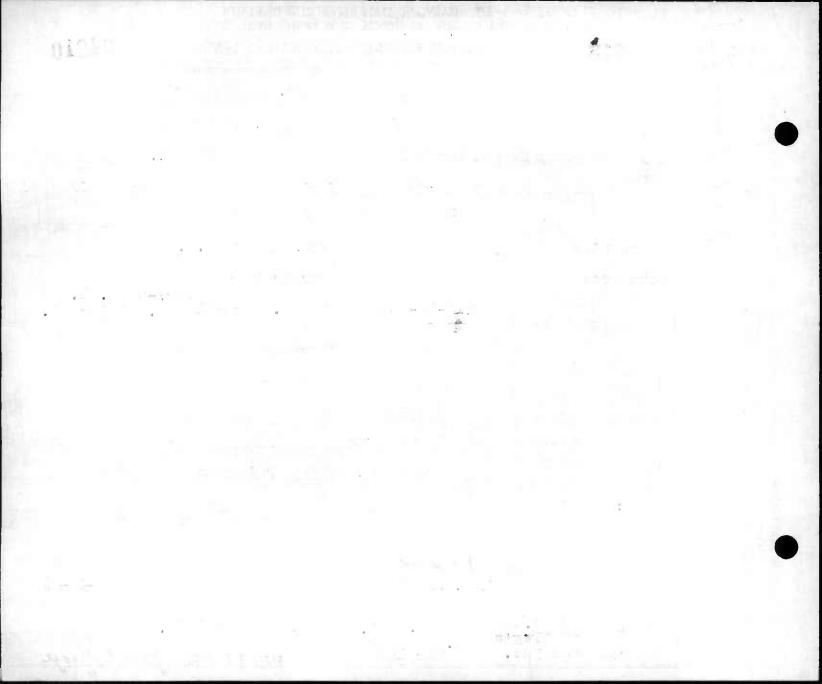
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and super-	coladia are	Secret Control	Page V	Larro

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	MARYLAND STATE DEPARTMENT OF HEALTH	
	. RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI 217 CERTIFICATE OF DEATH	CERTIFICATE OF DEATH	21

1.	PLACE OF DEATI a. COUNTY	1	P- 1			NCE (Where deceased lived,		sidence before admission)
		ince Geor	PA	MARYLAND	a. STATE Mo	pr	COUNTY	orge
-	b. CITY OR TOW	N (If outside corporat	e limits.	I c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lim		
	Chever	and give nearest tow	1)	18 HRS	Mt. Ra			16-1
_			N (If not In h	ospital, give street address				e. IS RESIDENCE
	Princ	e Geo. Ger	Hos	sp.	4405 -	29th St.		ON A FARM?
3.	NAME OF	Fi	st	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Doroth	У	Ester	Kells	DEATH M	arch	15 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS.
F	emale	White	WIDOWED	DIVORCED	9/30/1893	3 72 yr	Sre. Months	Days Hours Min.
10a dur	Ing most of work	ION (Give kind of work ing life, even if retired	ione 10b. K	IND OF BUSINESS OR NDUSTRY	Minneso	County & State, or foreign	CO	UNTRY?
13.	. FATHER'S NAM	E			14. MOTHER'S MA	IDEN NAME		
	Jose	ph Sherma	n		Emma Be	nham		
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(16	NO unkown)	(If yes give war or dates o	service) 2]	L2-20-1760 M	r. Robert	H. Kells	(above a	address)
	18. CAUSE OF	DEATH [Enter only on	cause per l	line for (a), (b), and (c).]		(Husband)		INTERVAL BETWEEN
	PART I. DI	ATH WAS CAUSED BY		enellallasci	Des Oca	Dout	1 300	ONSET AND DEATH
	221	IMMEDIATE CAUSE		C WO OB VIENDE	men care	accina		101110
	Conditions, If	DUE any which i		Myeness Oles	Vir. Vasa	las deseis	,	5 yrs
	gave rise to	Immediate	(b)	4 Mo mo + com	The take	and our and	*	
	cause (a), s		ТО				1000	
N	underlying caus		(C)	UTING TO DEATH BUT NOT REI	ATED TO THE TEDMINAL	DISEASE CONDITION CIT	VEN IN DART 1/2)	119. WAS AUTOPSY
CERTIFICATION	PARTITIONER S	SIGNIFICANT CONDITIO	Na CONTRIB	OTING TO DEATH BOT NOT KE	ALED TO THE LEWINA	EDISEASE CONDITION GIV	TENTRE PART 1(a)	PERFORMED? YES NO
RTIF	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury in Part I or Pa	irt II of Item 18.)	
CE	(IF EITHER, NO	NG CAUSE OF DEA	IER)					
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day,		fac	ACE OF INJURY (Home, tory, street, office bldg.,		own) (Cour	nty) (State)
MEO	p.i		at wor	k Not While				
	21. 1 certif	v that (i) (this host	ital) attend	led the deceased from	March 14	1966, to Marc	15 1966	2, that (1) (we) last
	saw the de	ceased alive on	March	14 1966 and th		1 AM, from the ca		e date stated above.
	22a. SIGNATU	RE	2 6	(22b. DA	TE SIGNED
	Se	yamen ?	. n	uller M	.D. PHYS.	MED. STAFF	□ Marc	h15 1966
	22c. PHYSICIA	IN!C	n S.	Miller	22d. ADDRESS			
	NAME (T	penjami	п Б.	THE TABLE				
238	BURIAL, CREM REMOVAL (Sp	IATION, 23b. DATE	HEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City, town or cou	nty) (State)
	Buris	al 3/19	/66	Evergreen	Cemeterv	Bladens	burg. Mo	d.
24		CTOR				EC'D BY REGISTRAR 2	5b. REGISTRAR'S	SIGNATURE
7	Funeral	Honeling	S	Mary land	nier, DATMA	AR 2 1 1966	geliarle	y Judge
	A MANON COLD	110110 2110			, 2,11,211	1 1000	#	11 0

A - No. Object Committee of A to the committee of the com TEVERYOR OF THE PARTY OF THE PA AT AN ELEMENT OF STREET School of the State of the Stat



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CFRTIFICATE OF DEATH

14211

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. STATE b. COUNTY
Prince George's MARYLAND	Maryland Prince George's
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 17 days	Landover /6 -/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince George's General Hospital	2818 74th Avenue YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Madeline G	Kirker DEATH March 8 1966
	R DATE OF BIRTH 19 AGE (In years IFIINDER 1 YEAR IFIINDER 24 HRS
Female White WIDOWED DIVORCED	8/8/91 Sast birthday Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Housewife Own Home	Rhode Island U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James S. Drury	Margaret Regan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT 7622 Goodland Dr.
	arence A. Kirker Jr. Hyatts., Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	anger of with
DUE TO DUE TO	to lovi ulara punha
Cenditions, if any, which	o epic me o mais
gave rise to Immediate cause (a), stating the DUE TO	8.1 / / / / - / / / / /
underlying cause last. (c)	Amoch fuller years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR™ (a) 19. WAS AUTOPSY PERFORMED?
ICA I	YES NO X
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
p.m. 19 at work at work	17.10
21. I certify that (I) (this hospital) attended the deceased from	on 27, 19 (6 to Morch 19 6 that (1) (we) last
saw the deceased alive of one 7, 1966, and that	death occurred at 10:25, from the causes and on the date stated above.
22a. AGNATURE	am 22b. DATE SIGNED
Waxfor OWATKINS M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. DIS -8 -66
	22d. ADDRESS 52/8 annabalis Rd
22c. PHYSICIAN'S NAME (Type) DAYTON O, WATKINS	5 Bladensburg mid
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVÁL (Specify)	
Burial 3/11/66 Mt. Olivet	Washington D. C.
	MID 10 1000 Milando Gulet
Francis Gasch's Sons Hyattsville, Md.	DAMBAR 10 1966 Charles Judges

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Division of STATISTICAL RESEARCH AND RECORDS.

04224	9	MED	ICAL EXAMINER'	S CERTIFICAT	E OF DE	ATH		045	212	
1. PLACE OF DEATH					NCE (Where de	ceosed lived, if institut		ce befor	e odmissio	on)
o. COUNTY Prince	George's		MARYLAND	o. STATE Maryla	and	b. cour	ince (eor	gels	
b. CITY OR TOWN	(If outside corporate limits,	,	c. LENGTH OF STAY IN 1b			porate limits, write RUI				
Riverd	ale		DOA	Lewis	dale		-	11	/	
	ITAL OR INSTITUTION (If no	t in hospitol,	give street oddress)	d. STREET ADDRES				1	e. IS RESID	DENCE
Leland	Memorial Ho	spita	1	7601	23rd A	venue			ON A FA	NO X
3. NAME OF	Firs	st	Middle	Lost	4. DAT	TE Mont	h	Doy	Yeo	ar
(Type or print)	Willia	am	Armond	Knott	OF DEA	NTH 3		13	19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeors	IF UNDER		IF UNDER	
male	white	WIDOWED	DIVORCED	9-8-16		Jost birthdoy)	Months	Days	Hours	Min.
Do. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE	(State or foreig	n country)	12. CI1	IZEN OF	WHAT	
during most of working Printer	g life, even if retired)	IN	DUSTRY	Was	h, D.(J.	CO	UNTRY	5.A.	
13. FATHER'S NAME			·	14. MOTHER'S MA	IDEN NAME					
	James S. K	nott		Jan	e M. (Guy				
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17	INFORMANT		Addre	222			
(Yes, no, or unknown)	(If yes give wor or dates of	service) 57	8 05 6992 1	largaret	V. Kno	ott Same	e as	4 2	2	
18. CAUSE OF D	DEATH (Enter only one cous								ERVAL BET SET, AND D	
/ 0	IMMEDIATE CAUSE ((o) <u>Hea</u>	art Failure					min	utes	
420										
Conditions, if on	te couse (a)		terioscleroti	c Heart Di	sease			ove	r 3	year
stoting the unde		TO								
lost.)	(c)								
PART II. OTHER S	SIGNIFICANT CONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION G	GIVEN IN PART I(o)			WAS AUTO PERFORMI	DPSY ED? NO X
2Do. EXTERNAL C PRIMARY Or CO CAUSE OF DEATH.	ONTRIBUTING	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of inju	Jry in Port I or	Part II of item 1B.)				
20c. TIME OF INJ		While	☐ Not While ☐ f	LACE OF INJURY (Home octory, street, office bldg		f. (City or town)	(Cou	inty)	((Stote)
р.	.m. 19	at war				. 5				
			nains described abave,				iry 🗶 ,		in my	apinian
death resul	Ited fram: Natura	causes 🕽	, Accident , Si	· · · · · · · · · · · · · · · · · · ·	icide,	Undetermined m	anner 🕍			
ACTUAL	1/	N			DICAL EXAMINE				2 DATE	CICNED
SIGNATURE	yak	7/1	JAN .		T MEDICAL EXAM				22. DATE -13-	
EXAMINER'S NAME (Type) J	ohn Kehoe M.	.D., R:	iverdale, Mar		MEDICAL EXAMIN (Street, city, tov			ر	-LJ-	50
23o. BURIAL, CREMATI REMOVAL (Specif		PEOF 966	23c. NAME OF CEMETERY C			LOCATION (City or To-	,	(County)) (S	tote)

llth Wash

250. REC'D BY REGISTRAR DAMAR 15 1956

REGISTRAR'S SIGNATURE

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131 E.

VR A15ME (5) 6M 1/66

5 may be retained far yaur files.

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MINERAL DIRECTOR



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TO HOSPITAL A BATTENDING PHYSICIAN: The law requires that the death certificate be executed whin 24 hours after death. Page 4 the retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cargon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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The second								0 - 2	10
1. PLACE OF DEATH	i			2. USUAL RESIDEN				nce before	dmission
	Prince	Georges	MARYLAND	. STATE Virg	inia	b. COUN	Arl	ingto	n
b. CITY OR TOWN (if outside corpora give nearest tow	te limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	rate limits, write	RURAL and give	nearest tow	rn)
Suit	land	",	6 years 1Mo.					83.	3
d. NAME OF HOSPI	TAL OR INSTITUT	ION (if not in hos	pital, give street address)	d. STREET ADDRESS					ESIDENCE
	d Nursin	g Home,	Inc.	1020 N. Qu		reet			A FARM?
3. NAME OF DECEASED		First	Middle	Last	4. DATE	Month	Day	Yea	r
(Type or print)	Maud		Bernard	KNOWLES	DEATH	Marc	h 25,	19	66
5. SEX	6. COLOR OR	RACE 7. MARRIE	NEVER MARRIED 8	. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEAR		24 HRS.
Female	White	WIDOWE		Aug. 31,1881	W 850 3	84 угз.	Months Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind o	f work 10b. KI	ND OF BUSINESS OR INDUSTR				12. CITIZEN	OF WHAT	COUNTRY
done during most of wo			& Department	Washington	D C		USA		
13. FATHER'S NAME	Dates O.	Leta Hom	Store	14. MOTHER'S MAIDEN			USA		
mil T T T		market 1				1 -			
Will:		umann	SOCIAL SECURITY NO. 17.	Luc	y Reig.		2000 **		01
(Yes, no, or unkown) (I					13.		1020 N.	Quinc	W
No				. Paul E. Kn	owles	Arl	ington,		
		//	ne for (e) (b), end (c).)	11 +	1			NTERVAL BET	
PARI I. DEAT	H WAS CAUSED IMMEDIATE CAU		ullusine	Hear	Nese	ase		10 gr	5+
4431	DI	JE TO		1				. 0.	
Conditions, if eny	, which	(b) 10g	pe heur	eon			/	o gr	bt
gave rise to immedi	- ni	JE TO	1	1.				0	
(e), stating the u	nderlying	CCC	Acrisco	lerasio			64000		
	R SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(a)	19. WAS A	AUTOPSY
OF .								PERFC	NO 4
<u> </u>	A C. LILIDERI VILLO	C1 001 050	CRIPS HOLD IN HILLIAM O COLUMN	18 1 - 1 - 6 1-1 - 1	Park Las Park III	-f (4 10)		YES	NO 💆
PART II. OTHER	CAUSE OF DI	HTA	CRIBE HOW INJURY OCCURED	, (Enter neture of injury in	ran I or ran II o	or item (o.)			
Hour e.m.	IRY Month, Da			CE OF INJURY (Home, far		or town)	(County)		(State)
Hour e.m.		While 19 at work		ory, street, office bldg., etc.	c.) j				
	has /IV (ahia b	17	0 01	Writ 16	1056 00	mar 1	-5, 1966,	that (I)	(wa) lad
			ded the deceased from		-01				
	sed alive on.,		and that	death occured at.	TAM, from	the causes	and on the d		DATE
22a. SIGNATURE	10 1	0	. 6)		MED.	STAFF	Momah	25 7	966
ACTIVES 127c. PHYSICIAN'S	0,6	nuc	M M	i.D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS.	March	2), 1	700
JAM E	s C.C	AWOO	d		a. are	, A &,	was	hington	1. 100
236 BURIAL, CREMATI		THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, to	wn or county)	(5	itate)
Burial	3/2	8/66	Arlington Nat		Arli	ngton.	Virginia	1	
24 FUNERAL DIRECTOR	S STANATURE	Donn		Fairfax29rRE	C'D BY REGISTE	AR 25b. REG	GISTRAR'S SIGN	ATURE	
Arlington	Funeral	Home	Arlington, V	2///	7 0 0 407	DO FRANCE	ionles &	udge	
						- 0	11	0	

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	(eff
The street was a second	and the Tolke Marie Tolke Latera T
	Cosmed D

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 4 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	MARYLAND STATE DEPARTME	ENT OF HEALTH	
	RESEARCH AND RECORDS, 301 W. I	PRESTON STREET,	BALTIMORE 1, MARYLAND
04222	CERTIFICATE OF D	DEATH	04214

1.	PLACE OF DEATS	Н					2. USUAL RESIDENCE a. STATE	CE (Where	deceased lived, If i		sidence t	before admission)
	Prince G	George's			MARYL	AND	Mary land Prince George's					
	b. CITY OR TOW Write RURAL	N (if outside corpora	te limits	, C.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside c	orporate limits, v	write RURAL a	and give	nearest town)
	Cheverly			1	0 days		Marlow I	Heigh	ts	/	6 -	1
	d. NAME OF HO	SPITAL OR INSTITUTION	N (if no	in hospit	tal, give street ad	dress)	d. STREET ADDRESS				e.	IS RESIDENCE ON A FARM?
	Prince G	George's Ger	nera	l Hos	pital		5945 28	th Av	enue	THE	YE	ES NO
3.	NAME OF DECEASED	Fi	rst		Middle		Last	4. DAT		nth	Day	Year
	(Type or print)	Han	rry		В		Krebs	OF DEA	TH Marc	h]	10	1966
5.	SEX	6. COLOR OR RACE	7. MAR	RIED XX	NEVER MARRIED	118	. DATE OF BIRTH		9. AGE (In year	S IFUNOER 1		FUNDER 24 HRS.
	Male	White	WIDO		DIVORCED		5-24-77		last birthday 88 yrs.	Months I	Days	Hours Min.
10a	USUAL OCCUPAT	TION (Give kind of work	done 1	Ob. KIND	OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & Sta	ite, or foreign count		TIZEN O	
auri	Baker	ing life, even if retire	a)	INDUS	red Baker		Baltimor	20			A.	
13.	FATHER'S NAM	IF	-	TO OT	red parer		14. MOTHER'S MAID			1 0 1 1	9250	
	Peter Kr						Katherin		alca l			
		EVER IN U.S. ARMED FO	RCES?	16. SOC	IAL SECURITY NO.	1 17.	INFORMANT	40 DO	Add	ess on	1023	
(Ye	s, no, or unkown)	(If yes give war or dates o	f service)		No.						031	
	No				-10-9169		rs. Ida K. h	(rebs-	-5945 281	th Ave.		rlow Hgt
		DEATH [Enter only on		per line f	or (a), (b), and (c)	.1	4		0			VAL BETWEEN T AND DEATH
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) /	letas	clocke (a	cenoma	- 27	Lem	95		
	1777	DUE			-			120	, 0			
11	Conditions, If		m C	cere	unam	0-	9 Rrowe	Cel	à			
	gave rise to		TO			0			No.	1311		
	cause (a), si underlying caus	tating the										
Z			(c) ONS CON	TRIBUTING	G TO DEATH BUT NO	OTRELA	TED TO THE TERMINAL D	DISEASECO	ONDITION GIVEN I	N PART 1(a)	119.	WAS AUTOPSY
AT10	TART III OTHER	12 -	J. 10 0011	0		11L	on las	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PERFORMED?
FIG		1900	on	etro	Jence				0-11-0-11	-(! 10)	YES	NO NO
CERTIFICATION	OR CONTRIBUTION (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	Ob. DESC	RIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	f Injury In	Part I or Part II	of Item 18.)		
		INJURY Month, Day,		Od. INJUR	RY OCCURRED 20	Oe. PLA	E OF INJURY (Home, fa	rm, 20f.	(City or town)	(Cour	ity)	(State)
MEDICAL	Hour a.r				Not While	facto	ry, street, office bldg., e	tc.)				
ME	p.1			work	at work							
							Feb. 28 , 19					
	saw the de	ceased alive on Ma	arch	10	19_66_, ar	nd that	death occurred a2		from the cause			
П	22a. SIGNATU	RE S		1			ATTENDING	DM	STAFF -	22b. DA	TE SIGN	NED
		Low	n f	S	user	M.D	ATTENDING D	MED. DIRECTOR] Mari	ch	10,1966
	22c. PHYSICIA		1	1			22d. ADDRESS					
	NAME (T	EdWIN	1.	JEN	ISEM							
23a		MATION, 23b. DATE	THEREO	23	C. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (CIty,	town or cour	nty)	(State)
	REMOVAL (Spe	ecify)	6	1	Druid Rid	ge.		Balt	timore, l	Md.		
24	FUNERAL DIRE		73		ADDRESS	-84	25a. REC	C'D BY RE	GISTRAR 25b.	REGISTRAR'S	SIGNA	TURE
		ers- 8728 1	iber	tv R		lst	WA WAR	14	1956 8	Marle	1 Ju	del
		0100 1			-4		DATE		1000		1	0

VR A15 (4) 20M 1/65

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577-11-1209 Pro. Ice . . . robs-1915 Run vo. 222 W Lit

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Loring overs- 2725 Cherty d. Tenus Stove, - 4.

VR A15 (4) 1SM 7-62

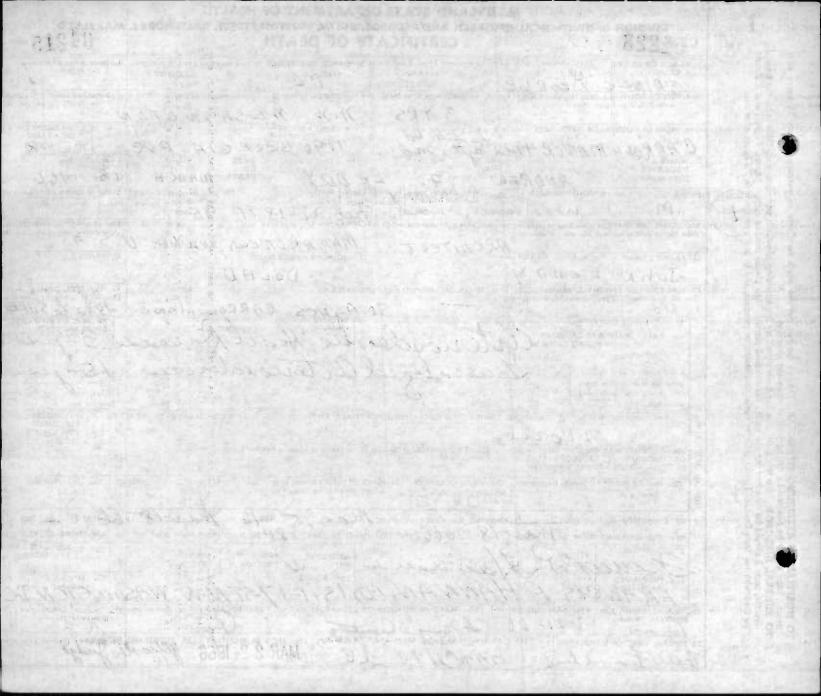
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14215

	.020
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission)
PRINCE GEORGE MARYLAND	e. STATED. C
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 18	
write RURAL end give nearast town)	M. V. Mush in 1 That Was
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give steept address)	d. STREET ADDRESS I IS RESIDENCE
a sale of	ON A FARM?
CARROLL MANOR 4922 Auto, md.	1190 GEORGIA AUC. YES NO B
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) ANDREW 7,	LeDITY DEATH MARCH 18 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED TO DIVORCED TO	7 ch 21-187/ 95 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	1000
done during most of working life, even if retired)	
ARCHITECT	MAMARONECK, NEWYORK U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN LEDPY	DOLAN
	. INFORMANT Address butto. nd
(Yes, no, or unkown) ((Ifyesgivawarordatesofservice)	SR. Agres CARROLL MANDR 4922 La Sill
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)	OF THE MAN OR THAT SETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a CANOSCIO	nolle Harl Disease 3 yes
4200 DUE TO	00 +
Conditions, if any, which (b) Lewelalt 2	dullioseleroses 15-yes
gava rise to immadiate ceusa (e), stating the underlying DUETO	
cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO N
TO ACCIDENT WAS INDEDIVING THE 20th DESCRIPE HOW INHIBY OCCUR	RED. (Enter nature of injury in Part I or Part II of itam 18.)
OR CONTRIBUTING [] CAUSE OF DEATH	CED. (Enter nature of injury in ran) of ran) of ham to.)
0	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, streat, office bldg., atc.)
Hour e.m. p.m. 19 Whila Not Whila t work at work	
	m. Mac 15, 1946 to Mar 18, 1966 that (1) (we) last
	hat death occurred at SPM, from the causes and on the date stated above.
22 SIGNATURE	22b. DATE
(4)	, ATTENDING MED. STAFF SIGNED
PHYSICIAN'S Warran	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
MAME (Type) /210 D HAMAINAI	Na / TILL I TOTALLE MALORINE
FRANCO PITAININAIN,	12).12/1-1/21.1V, W. WASHINGION, D
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Preside 3-21-66 St. Maris C	emiting. Mye. 7 4
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	200 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1 1 1 1 -11 100	1 P MAR 2 2 1966 Juliantes Judge
Talk Tuneral home. 191-11. If Y.C.	The state of the s



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT

delay is

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death. If

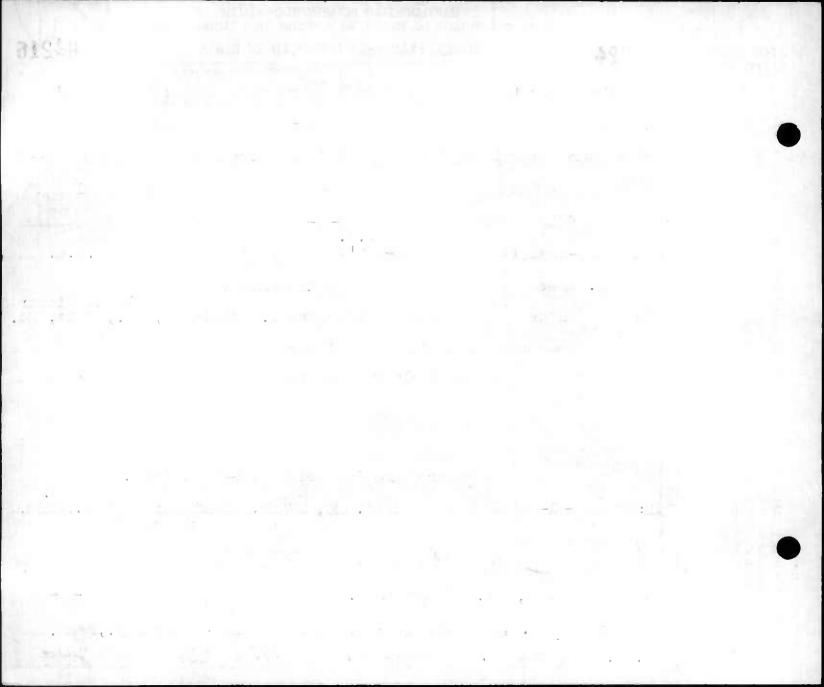
TO DEPUTY MEDICAL EXAMINER:

P.M.3. Page e State Department af 72 hours after death. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 'the funeral directar. Page 4 should be farwarded ta the Chief Medical Examiner's Office alang with farm

u runeral uncetium: rage 3 should be used as a butial-transit permit. File pages land2 viith thealth or its designated agent, priar ta burial, crematian, ar removal, and in any event <u>vith</u>an 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2

	04224		MEDICAL EX	AMINER'S	CERTIFICATE O	F DEATH		-)421	5
	PLACE OF DEATH				2. USUAL RESIDENCE (V	Where deceosed lived,		sidence before	e odmission)	
	o. (OUNTY Prin	ce George's		MARYLAND	o. STATE Maryland	i e	b. COUNTY Prince	Georg	re1s	
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH (OF STAY IN 1b	c. CITY OR TOWN (If ou				7	
	Cheverl	give nearest town)	DOA		Bowie			16-	/	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, give street add	ress)	d. STREET ADDRESS				e. IS RESIDENCE	
	Prince G	eorge Genera	al Hospital		12614 Kind	len Place			ON A FARM?	
	NAME OF	Firs		iddle	Lost	4. DATE	Month	Dov	Year	
	DECEASED	ANNETT			NGER	OF DEATH	2	27	19 66	
	(Type or print) SEX	6. COLOR OR RACE		Britished spin M 1 piles	DATE OF BIRTH	9. AGE (In	veors I IF UN	IDER 1 YEAR	IF UNDER 24 H	IRS
	_					lost bir	thdoy) Mont			in.
_	emale	White		DIVORCED 2	-27-1935	31	yrs.	2. CITIZEN OF	WILLAT	_
duri	ing most of working	I (Give kind of work done life, even if retired)	10b. KIND OF BUSINI INDUSTRY	0.0.	11. BIRTHPLACE (Stote			COUNTRY?		
	lousewi.	fe-Analyst	At Ho	ne-Gov! t		nnsylvan:	ia	U.S	. A.	
3.	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME				
	rank A	Thas			Edne Eshl	eman				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates of	16. SOCIAL SECUR	TY NO. 17. IN	FORMANT		Address 1	2614	Kinde:	n
(10	No	None	Unknow	n The	odore C.	Leininge	r. Pl	Bow	ie. M	à.
	1B. CAUSE OF DE	ATH (Enter only one cous	e per line for (o), (b), and					INT	RVAL BETWEEN	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (Tacera	tion of	brain			ONS	SET AND DEATH	
	8160	1	1							
	Conditions, if ony,		wultio	le skul	l fracture	e s		M	inute	8
	rise to immediat	e couse (a), (D. Carrotte	2360001					
	stoting the under	riving couse	(d)							
			NTRIBUTING TO DEATH BUT	NOT PELATED TO TH	TE TERMINAL DISEASE CON	INTION CIVEN IN PART	[](o)	19	WAS AUTOPSY	=
5	PART II. OTTICK SI	OMITICANT COMPITIONS CO	NEEKIBOTING TO DEATH BUT	NOT KELATED TO TE	IL TERMINAL DISEASE CON	DITION OIVER IN TAK	1 1(0)		PERFORMED?	
5	OO EVEDBLAL CA	1105 1446	Table processes were	HILDY OCCUPATO AT		D . I D . II I .	10.)	YE	S NO	X
	20o. EXTERNAL CA PRIMARY Stor CO		20b. DESCRIBE HOW I	NJURY OCCURRED. (E	inter noture of injury in	Port I or Port II of Iter	n 18.)			
2	CAUSE OF DEATH.				olved in he					
UICAL	20c. TIME OF INJU Hour o.n	JRY Month, Doy, Yeor	20d. INJURY OCCURE		OF INJURY (Home, form ry, street, office bldg., etc.)		town)	(County)	Md .(Stote)
ME	10:40ampr		66 at work O of wor	Rt. 4	50. 127 ft.	east of Ra	ace Tra	ck Rd.	.Bowie	
	21. I certify	y that I taak charge	af the remains descr			Inspection 🔀,	Inquiry [-		in my apin	iar
	death result			-6	de . Hamicide		ined manner		, -1	
		1	10	17	CHIEF MEDICAL					
	ACTUAL SIGNATURE	1/2/	m Me	follow	M.D. ASSISTANT MED	ICAL EXAMINER		2	2. DATE SIGN	ED
	EXAMINER'S	1				AL EXAMINER				
		ohn Konoe, I	1.D. Riverd	ale, Md.	Address (Street	, city, town, or county		3-	31-66	
230	BURIAL, CREMATIC	ON, / 23b. DATE THE		OF CEMETERY OR C	REMATORY	23d. LOCATION (C	ity or Town)	(County)	(Stote)	_
	REMOVAL (Specify Buriel	Apr. 4,	1966 Crea	well Cen	etenv	Lancast	en Ota	v. Pe	nn	
24	FUNERAL DIRECTO			RESS	2So. REC'D	BY REGISTRAR	2Sb. REGISTRA	R'S SIGNATUR		
	W. W.	CHAMBERS	co. Riv	erdale,	Md DAAPF	7 4 1966	galia	res &	udge	

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

HEALTH P.M.3. Page

land2 with the State Department of and in ony event within 72 hours ofter death. podes Heolth or its designoted ogent, prior to buriol, cremation, or remaval,

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMR Page 5, may be retained for which form PMR Page. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

VR A15ME (5) 6M 1/66

TO DEPUTY MEDICAL EXAMINER:

PLACE OF DEATH C. COUNTY Prince George's MARYLAND STATE MARYLAND No. STATE No. STATE MARYLAND No. STATE MARYLAND No. STATE		04225 MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	04217			
Prince George Is Office Will (insulsed corporate limits, write RURAL and give nearest town) DOA Bovie d. KITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR (institution) (if not in hospital) JOANA OF HOSPITAL OR (institution) (if not in hospital) (give street orderes) Prince George General Hospital 3. NAME OF First Middle Lost 4. DATE Month DOY Yor JOHN (if not in hospital) ANN LETNINGER OF FIRST Month DOY Yor JOHN A PARKY Yor JOHN A PARKY TO BETT Middle LOST A DATE Month DOY Yor JOHN A PARKY TO BETT MIDDLE MARKY TO BETT MIDDLE MARKY TO BETT MIDDLE MARKY TO BETT MIDDLE MARKY TO BETT MIDLE MARKY TO BETT MIDLE MARKY JOHN A PARKY TO BETT MIDLE MARKY JOHN A PARKY YOR JOHN A PARKY						ence before admission)			
b. CITY OR TOWN (If outside caparate limits, write RURAL and give necesta town) Cheverly A man of Hospital or in Hospital, give street oddress) Prince George General Hospital A MAN of Hospital or in Hospital Boxide Prince George General Hospital Boxide Cost of A MAN of Hospital Boxide Prince George General Hospital Boxide Cost of A Man of Hospital Boxide Cost of Boxide Cost of A Man of			MARYLAND			George's			
Cheverly d. MAME OF HOSPITALOR INSTITUTION (if not in hospital, give street odders) d. STREET ADDRESS Prince George General Hospital 12614 Kinder Place STREET ADDRESS 12614 Kinder Place 15 10 10 10 10 10 10 10		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporote limits, write RURAL ond ç	jive nearest town)			
Prince George General Hospital 3 AMAN OF DECASED (Type or print) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED NEVER MARRIED SEX	Cheverly		Bowie		16-1				
Prince George General Hospital 1261/ Kinder Place 15 No		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	give street oddress)	d. STREET ADDRESS		e. 1S RESIDENCE ON A FARM?			
3 AMM OF DECASED (Type or print) SILLEN AND LETNINGER Lost 4 DATE Month Doy Year DECASED (Type or print) DELLEN AND LETNINGER SIRTH DEATH 31 9 66	L	Prince George General Ho	spital	12614 Kinde	er Place	YES NO			
Type or pinnt STLICH ANN LETATINGER DEATH 9. AGE (In year) Statistic Sta		NAME OF First		Lost		Doy Year			
Part Ohe Significant Conditions of work done during only of working life, even if relived) Divorces Di				A TALLA TOTAL A	DEATH 3				
December	S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 😡	B. DATE OF BIRTH					
NONE COUNTRY? COUNTRY COUN		Temale White WIDOWED	DIVORCED	3-17-1964	2 yrs.				
None The odore C. Leininger				11. BIRTHPLACE (State of					
Theodore C. Leininger Is was deceased by a live of orders? Is was deceased by a live of orders? Is was deceased by a live of orders? In order of the significant conditions, if ony, which gove rise to immediate cause (a) In other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) Due to conditions, if ony, which gove rise to immediate cause (b) Skull fracture One external cause was primary occurred in order of injury in Port I or Port II of item 18.) Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) Due to conditions, if ony, which gove rise to immediate cause (b) Skull fracture One external cause was primary occurred in part of injury in Port I or Port II of item 18.) Passenger of car involved in headon collision. 20b. Dissease of Death Due to cause of Death part of the terminal disease condition given in Part 1(a) Defended to the part of the terminal disease condition given in Part 1(a) The odore C. Leininger, Pl., Bowie, Md. Interval Between one of the part II of the pa		None		hild Virginia					
Section Sect	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME				
Vestion Note Theodore C. I.e. Internation Note Theodore C. I.e. Note N]								
No None Theodore C. Leininger, Pl., Bowle, Md.	1S.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. !	SOCIAL SECURITY NO. 17. I	NFORMANT	Address 12	614 Kinder			
PART IL DEATH WAS CAUSE 08: IMMEDIATE CAUSE (0)	L	No Non No		eodore C.	Leininger, Pl.	Bowie, Md.			
IMMEDIATE CAUSE (o) Laceration of brain		18. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), and (c).)						
Conditions, if ony, which gove store immediate couse (a), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PRIVATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNDED PRIVATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT IN PART II. OTHER		IMMEDIATE CAUSE (o)	aceration of	brain		ONSET AND DEATH			
rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PORT II be called the mean in the part of the part of the mean in the part of the mean in the part of the p	П	C. Br. St. Little							
Stoting the underlying couse DUE TO		rise to immediate couse (a)	kull fractur	·e		Minutes			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARYXX or CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARYXX or CONTRIBUTING PASSENGER OF CAR INVOLVED IN headon collision. 201. TIME OF INJURY Month, Doy, Year Hour o.m. 10:1. Oanp.m. 3-31-19 66 of work of w		stoting the underlying couse DUE TO							
PERFORMED? YES NO NO NO NO NO NO NO NO		, (1)		THE TRANSPORT OF COMM	DITION CHICAL IN CART 1/)	In WAS AUTODSY			
2Dc. TIME OF INJURY Month, Doy, Year 1966 INJURY OCCURRED While of work 2 De. PLACE OF INJURY (Home, form, Hour o.m. 10:1/Oamp.m. 3-31-1966 INJURY OCCURRED Of work 2 Rt. 450, 127 It. east of Race Track Rd., 21. I certify that I took chorge of the remains described abave, held an Autapsy , Inspection X, Inquiry X, and in my apinion death resulted fram: Natural causes , Accident X Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONT	DITION GIVEN IN PART T(0)	PERFORMED?			
2Dc. TIME OF INJURY Month, Doy, Year 1966 INJURY OCCURRED While of work 2 De. PLACE OF INJURY (Home, form, Hour o.m. 10:1/Oamp.m. 3-31-1966 INJURY OCCURRED Of work 2 Rt. 450, 127 It. east of Race Track Rd., 21. I certify that I took chorge of the remains described abave, held an Autapsy , Inspection X, Inquiry X, and in my apinion death resulted fram: Natural causes , Accident X Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE	E		SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Port II of item 18.)				
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 10:/10amp.m. 3-3] 1966 of work of wore of work			ssenger of car	imvolved in	headon collision	l.			
21. I certify that I took chorge of the remains described abave, held an Autapsy, Inspectian, and in my apinian death resulted fram: Natural causes, Accident Suicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 3-31-66 230. BURIAL, CREMATION,	DICA	2Dc. TIME OF INJURY Month, Day, Year 2Dd. IN	VJURY OCCÜRRED 🔪 2De. PLA	CE OF INJURY (Home, form,	20f. RKity-perfown Md	County) (Stote)			
death resulted fram: Natural causes	ME	10:40ang.m. 3-31- 19.66 of world	of work Rt.	450, 127 ft.	. east of Race Tra	ack Rd.,			
ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Keloe, M.D. Riverdale, Md. Address (Street, city, town, or county) 22. DATE SIGNED 22. DATE SIGNED 22. DATE SIGNED 23. DATE SIGNED 23. DATE SIGNED 24. DATE SIGNED 25. DATE SIGNED 26. DATE SIGNED 27. DATE SIGNED 27. DATE SIGNED 28. DATE SIGNED 29. DATE SIGNED 29. DATE SIGNED 20. DATE SIGNED 21. DATE SIGNED 22. DATE SIGNED 23. DATE SIGNED 24. DATE SIGNED 25. DATE SIGNED 26. DATE SIGNED 27. DATE SIGNED 27. DATE SIGNED 28. DATE SIGNED 29. DATE SIGNED		21. I certify that I took charge of the ren	nains described abave, he	ld an Autapsy 🔲 ,	Inspection X, Inquiry X	, and in my apinian			
ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) John Keyloe, M.D. Riverdale, Md. Address (Street, city, town, or county) 22. DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 3-31-66 230. BURIAL, CREMATION, PREMOVAL (Specify) ACTUAL SIGNED 222. DATE SIGNED COUNTY (Store) COUNTY (Store)		death resulted fram: Natural causes	Accident 🗷 Suic	ide 🔲, Hamicide	, Undetermined manner				
SIGNATURE EXAMINER'S NAME (Type) John Keloe, M.D. Riverdale, Md. Address (Street, city, town, or county) 230. BURIAL, CREMATION, 230. DATE THEREOF REMOVAL (Specify) ACCOUNTY COUNTY CO		ACTIVAL	X //	CHIEF MEDICAL E	EXAMINER	OO DATE COMED			
NAME (Type) John Keroe, M.D. Riverdale, Md. Address (Street, city, town, or county) 3-31-66 230. BURIAL, CREMATION, PREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)			es		OFFI CONTRACTOR OF THE CONTRAC	ZZ. DATE SIGNED			
230. BURIAL, CREMATION, 239. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)			Pivandala Md			3-31-66			
REMOVAL (Specify)	22-								
	230	_REMOVAL (Specify)				, , ,			
24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b./REGSJERRS AGNATURE.	2/	Burlal Apr. 4, 1966	Creswell Cer	netery	Lancaster Ctv	Penn MGNATORE			
24. FUNERAL DIRECTOR ADDRESS 250 PREGISTRA 966 256 COLUMN ADDRESS DATE DATE DATE DATE DATE DATE DATE DATE	1 A			ער איייי ו	TO CLI TO COUNTY	an war.			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1 4 2 1 8

	and O The last CZ	7/1 _ 7 / 7 7 . / 6 /			
1. PLACE DF DEATH a. CDUNTY Prince Georges	MARYLAND	a STATE	E (Where deceased liveryland	ed, If Institution: I	Residence before admission) ce Georges
	c. LENGTH OF STAY IN 1b		3	mits write PIIRAI	and give nearest town)
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Cheverly	8 days	,	efferson He		16-1
d. NAME OF HOSPITAL DR INSTITUTION (if not in hos		d. STREET ADDRESS		9	e. IS RESIDENCE DN A FARM?
Prince Georges General	Hospital	65	03 K St/		YES ND
3. NAME OF First DECEASED (Type or print) James	Middle	Lewis	4. DATE DF DEATH	Month March	Day Year 13 19 66
5. SEX 6. CDLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE DE BIRTH	9. AGE (I	rthday) IF UNDER	1 YEAR IF UNDER 24 HRS
Male Negro WIDDWED	DIVORCED	15 Oct., 19		Oyrs. Months	Days Hours Min.
10a. USUAL DCCUPATION (Give kind of work done 10b. KIN	ND DF BUSINESS DR DUSTRY	11. BIRTHPLACE (Co		n country) 12. C	DUNTRY2
Mechania 13. FATHER'S NAME		14. MOTHER'S MAID	HATOL	A 1) GI	0.5,7
Tames Lew	is	F.IC	1'6	7	
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SI	DCIAL SECURITY ND. 17.	INFORMANT		Address	
(Yes, no, or unkown) (If yes give war or dates of service)	18-21-6084	My Pad	hal M	Lew	15
18. CAUSE DF DEATH [Enter only one cause per lig	e for (a), (b), and (c),]	HAY DAG	10 101 /11	- CV	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ir emomatoris				DNSET AND DEATH
1/0/	of continue no				
16d DUE TD	andrawa Car	unoma,	Left linner	1265	
Conditions, If any, which gave rise to immediate	onenogenic Cou	anoma	my appa	Lobe.	
cause (a), stating the DUE TD			,		E-140 1600
underlying cause last. (c)					
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ING TO DEATH BUT NOT RELA	TED TD THE TERMINAL D	ISEASE CONDITION O	IVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES ND
20a. ACCIDENT WAS UNDERLYING DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or I	Part II of Item 18	3.)
20c. TIME DF INJURY Month, Day, Year 20d. INJ Hour a.m. While p.m. 19 at work	JURY OCCURRED 20e. PLAC factor at work	CE DF INJURY (Home, fa ry, street, office bldg., et		town) (Co	unty) (State)
21. I certify that XIX (this hospital) attended	the deceased from M	arch 5 , 19	66 to Mar	ch 13, 19 6	66, that #0 (we) last
saw the deceased alive on March 13	319_66_, and that	death occurred at	M, from the		
22a. SIGNATURE	wen M.D	ATTENDING A	MED. STA	FF -	DATE SIGNED
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
Edwin J. Jensen	M.D.	Prince Geo	rge's Genl	. Hosp. (Cheverly Md.
23a. (BURIAL CREMATION, 23b. DATE THEREDF REMOVAL (Specify) 3-16-1966	230 NAME OF CEMETERY	on Comertay	Sulla	(City, town or co	unty) (State)
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE
Henry & Washington & Sons	4925 (Janu 1)	re TE DALLE	18 1000	orlin. 1	0. 1.2

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100 A 21/2 Apr 10 12 Apr 2/15/Apr

Toron 5 to the March 15 to 55
Boxin C. Jenres, M.D. France Cacres's Cent. Lans. Carrarky of .

Frince Coopers Scherryl hospital

FOR STATE

Give Poges 1, 2, and 3 ta with form PM3. Page

in pencil in Item 18.

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

any deloy is

This certificate should be executed within 24 hours after death. If

Heolth or its designated ogent, prior to burial, cremation, or removal, ond in any event within 72 hours after death.

5 may be retained for your files.

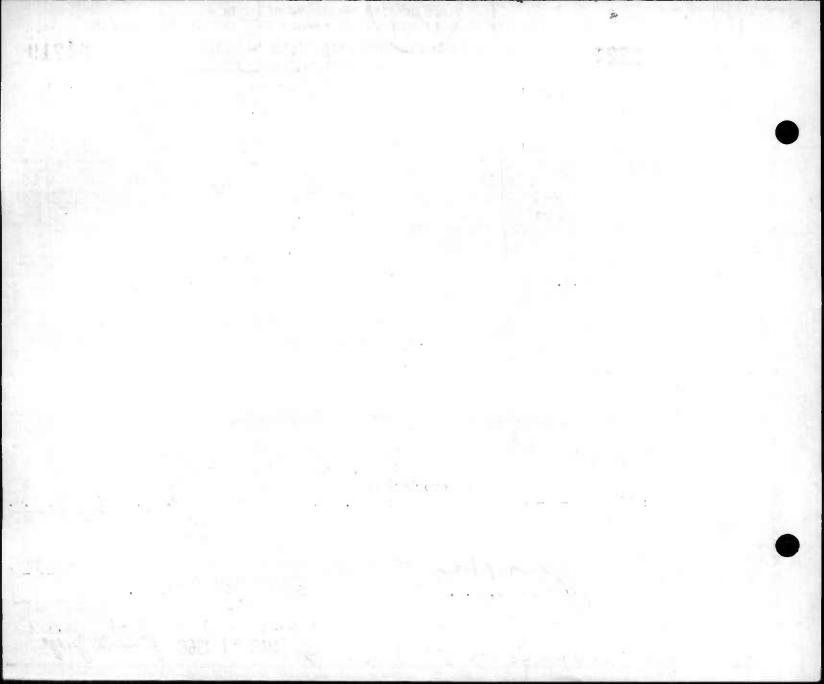
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office dang

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		02223		WED	ICAL EXAMIN	FK.2	CERTIFICATE (OF DEAL	Н		-0	421	9	
		PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE				ce befar	e admissio	on)	
			e George's		MARYL	AND	o SWE Marylar	nd	ь. соц	rince	Geo:	rge 1s	5	
		b. CITY OR TOWN	e George!s If autside carparate limit	ts,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If o	utside carparo	te limits, write RL	JRAL and giv	e neares	t town)		
			d give nearest town)		DOA		Oxon Hi	111			16-1			
		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g	give street address)		d. STREET ADDRESS					e. IS RESID	DENCE	
9		Princ	e George's	Hospit	al		8115 Li	ivingst	on Road			YES		
		3. NAME OF First			Middle		Lost	4. DATE	Man		Doy	Ye		
		DECEASED (Type or print)	Joh	nnie	e MMI		Lewis	DEATH	Ma:	rch	26	19	66	
	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		AGE (In years	Months	Doys Doys	IF UNDER	24 HRS. Min.	
		male	Negro	WIDOWED	DIVORCED		Feb. 28,		last birthday)	Monnis	Doys	110013	Will.	
	10a duri	. USUAL OCCUPATION	N (Give kind af wark done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote	e or foreign co	untry)		2. CITIZEN OF WHAT COUNTRY?			
							PEMBROK	E. N.C						
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME													
	W.M.LEWIS HATTIE LEWIS													
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknawn) (If yes give war or dates of service)													
		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN		
		TAKI I. DEA	IMMEDIATE CAUSE	(o)	Crushing i	njur	y of skull				onset and death minutes			
		823	/	TO										
	Conditians, if any, which gave (b) (b)													
		stating the underlying cause DUE 10												
		lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)												
	N	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING T	TO DEATH BUT NOT RELA	TED TO 1	THE TERMINAL DISEASE CO	INDITION GIVE	N IN PART 1(o)		19.	WAS AUTO PERFORM	OPSY ED?	
0	CERTIFICATION									YI		NO 🔀		
	TIFI	20o. EXTERNAL CA	NUSE WAS				(Enter nature of injury in							
	Ü	CAUSE OF DEATH.	WIKIDUIIWO 🗀		-		front seat		which	went o	off:	road		
	MEDICAL	20c. TIME OF INJ	URY Manth, Day, Year	200700	III O VO KROUT NE	De. PLA	CE OF INJURY (Home, far	m, 20f.	(City or town)		unty)		Stote)	
	ME	5:02PM p.	2-26-6619	While at work	Nat While at wark	Ma.	ary street, affice bldg. etc	ar Old	Fort Re	d., F1	rien	dly,	P.G.	
		21. 1 certif	y that I took charg			ve, he	ld on Autopsy ,	Inspectio	on 🔀 , Inq	uiry 🗶 ,	ond	in my	opinion	
		death resul	ted from: Natur	ol couses	Accidences.	Suic	ide 🔲, Homicide	e 🔲 . Ur	ndetermined m	nonner]			
		ACTUAL	16	10	14-6)	CHIEF MEDICAL	L EXAMINER						
		ACTUAL SIGNATURE	mh	11	M.D. ASSISTANT MEDICAL EXAMINER						22. DATE SIGNED			
4		EXAMINER'S NAME (Type)	John Keh	oe, M.D).		DEPUTY, MEDIC	CAL EXAMINER of, city Province	rdade, 1	Md.)2	. /-00	
	230	BURIAL, CREMATION REMOVAL (Specify	23b. DATE TH	EREOF 6	23c. NAME OF CEMET		REMATORY CEN		CATION (City or To	4,41	(County)	(5	tate)	
	24	FUNERAL DIRECTO			25 OD NIC	4-1		D. BY RECISTR.	1966 25b.	COUTRAR'S S	GNATU	E. 1 - 4	01	
	-	7	MASON C	INC.	WASH. I	100	DATE	K 3 I	1966	Mary	Po y	usge	-	
- 1	1	1301-1 CH	170-10	1 11-01	WITOUT. W	Same of	DAIL		V		U	-		

VR A15ME (5) 6M 1/66



ral director. e filed with	M	1
y filled and 2 should b	00	
ing physicion and campletel e remave carbon papers. P 172 haurs after death.	(1)	
DEUNERAL B. SCOR: After this certificate has been signed by the attending physician and campletely filled and the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	0	
FUNERAL D. COR: After this certificate has been signing a 3 should be detached for use as the burial-transit per the registrar prior to burial, cremation, ar removal, and in	/	

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

01223		CERTIFIC	ATE OF DEAT	Н	Reg. Dist. No. 114221
1. PLACE OF DEATH o. COUNTY Pri	ince George	S MARYLAND	a STATE	here deceased tived. If instituent b. COUNT	tian: Residence befare admission) Y Pr. Geo!s
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, w	rite c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside carporate limits, write	RURAL and give nearest tawn)
Upper Ms	rlboro	18 years	Upper	Marlbore	16-1
3825 Rec	AL (If not in hospitol, give so tory Lane	street oddress)	d. STREET ADDRESS 3825 Rect	ory Lane	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		lle Gray Lley		DEATH]	March 15, 1966
Female	White wi	MARRIED NEVER MARRIED DOWED DIVORCED	Sept. 29,	10/4 91 10	Months Doys Hours Min.
100. USUAL OCCUPATION during most of work Housewill	ON (Give kind of wark done king life, even if retired)	10b. KIND OF BUSINESS OR INC	Kansas	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Thomas P	utnam Gray		14. MOTHER'S MAIDEN Harrie	NAME t Amelia Hea	adlee
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT Mrs. H. Lee	Came	dress as Item
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per the for (o), (b), and (c).] Agest, ve	Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gave rise to it	ny, which (b)	Asteriord	erosis CV	plesease	15yr
lying couse lost.					
LA CA		ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
	AS UNDERLYING [] 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJUR Hour a. m. p. m.	, v	20d. INJURY OCCURRED While Not while twark of work	PLACE OF INJURY (Home, for factory, street, office bldg., etc	m. 20f. (City or town)	(County) (State)
21. I certify the	at I attended the dec		1948, to 19		Ethat I last saw the decease and an the date stated above
ACTUAL SIGNATURE	Hel 73/	and		ADDRESS (Street, city or town arlboro, Maj	DATE SIGNE
	Robert B. S	assoer, M.D.		arlboro, Mar	
220. BURIAL, CREMATIO BUTTA	3/1.8/66	22c. NAME OF CEMETERY Hely Trini	or crematory ty Come to ry	22d. LOCATION (City, town, Collington	
23. FUNERAL DIRECTOR' Ritchie E	s signature Bros.Fun 1	Home Upper Ma	riboro, MAD		istrar's signature

may be retain. The haspital or attending physician.

TO FUNERAL D. COR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. VS A15 (4) 15M 9/SS

Medium UESSI	TE OF DEATH	CERTIFICA	*	
aloun .vs	Saul Taran		sogron8 onla	I THE STATE
	caolini	10 ; 112:00	C C C L L C L C L C L C L C L C L C L C	FT () () (*)
N Carlo	3625 Recorry Dine		ele congresion	3 ::
cò (l'emi		byoll gard a.		
	apt. 25, 178 1	George K.	adžnik (Famal.
LA .B .D	anema II	0.0		-0.2.0
es/bas	Latters columnia		yern mendur	
mogn ng om	es a. Leo Lowic-		No. on par	OM.
	9:15			lines F. 17 re mile
Der 2 1 1/00	thear Marlboro, H			
	ecic Ir e ce		ter serie	
on, karyland	g Cometery Collings	rinimi ylol	2/3./56	Inlitu
A STATE OF THE STA	,000		eros. Fun'l Fo	oi oti

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove arbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in ally expr. within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(14221)

1.	PLACE OF DEATH a. COUNTY Prince	Georges		MARYLAND	2.		ence (Where	dacaased lived, If i b. COUN	nstitution: Ras		
	b. CITY OR TOWN (i write RURAL and	f outsida corporafa limi giva nearast town)	ts,	c. LENGTH OF STAY IN 18			N (If outside co	orporate limits, write	RURAL and g	give nearast t	own)
_	Hyattev		if not in horsi	6 months itel, give street address)	_ _	d. STREET ADDRES				1 - 15	RESIDENCE
	8910 Rig		ii nor in nospi	itel, give street address)			ss Riggs F	load		O	N A FARM?
3.	NAME OF DECEASED (Name of Name	OTHER MA		SEPH MiddR.J. M Genevieve	A.)	Loesch	4. DAT			1	966
5.	SEX	6. COLOR OR RACE	7 444 00150	NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years			ER 24 HRS.
	F	White	WIDOWED			me 10, 19	917	last birthday) 48 yrs.		ys Hours	
de	Teachi	ON (Give kind of worl rking life, even if retire NG	d)	nd of Business or Indus	its	Brook	lyn, Ne		12. CITIZI	U.S.A.	
13.	FATHER'S NAME				14.	MOTHER'S MAID	EN NAME				
	Joseph	Loesch				Catherin	ne Blat	Z			
15.	WAS DECEASED EVI	ER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INF	ORMANT		Addrass			
,,,	No	7009170 #01 01 00103 010	ai vica,	None Mo	the	r Mary Ar	rmand	8910 Rig	gs Rd.	Hyatt	svill
	18. CAUSE OF D	EATH [Entar only one	causa par lin	ne for (a), (b), and (c).)						INTERVAL	BETWEEN
		H WAS CAUSED BY:	Ade	no carcinoma,	-61	omoid wi	th cen	crolized		ONSET AN	
В	1533	DUE TO		metastases	- 67 -62	Endo I de III	MI Sell	eralizeu		TIMO	2.4
OF IN	Conditions, if any gave rise to immadi (a), stating tha un causa last.	ata causa nderlying DUE TO									
NO	PART II. OTHER	SIGNIFICANT CONDI	-	RIBUTING TO DEATH BUT	NOT RI	LATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART 1	(a) 19. WAS	FORMED?
CAI			Non	ie						YES [МОЖ
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Non	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injur	y in Part I or P	art II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Ye	ar 20d. IN Whila at work	Not Whila fa		OF INJURY (Homa, f straat, offica bldg.,		City or town)	(County	у)	(Steta)
			and on the	ed the deceased from 1966., and the							
	22a. SIGNATURE	mR.	Sun	son	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.			2b. DATE SIGNED
	NAME (Type)	lames. R. G	oodson	M.D.		1746 K S	t. N.W.	Washing	ton D.	22000	06
-		ON, 236. DATE THE	REOF	23c. NAME OF CEMETER			23d. LC	EYATTISVI	or county)		(State)
		's SIGNATURE T.	/	ADDRESS WAS	H.I	C . 25a.	ED R	1956 JC		SNATURE	

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BURIAN SATE BARRENT OF S. OF TANKER WERENING BY A SECTION OF S. OF TANKER S. OF TANKE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 9 Film CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissian PLACE OF DEATH b. COUNTY a. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Glenn Dale (rural) 2 yr. 6 mo. Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Glenn Dale Hospital 2208 12th Pl., N.W. YES NO X 3. NAME OF 4. DATE First Middle Last Manth Day Year DECEASED William A. Logan 20 19 66 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Hours 4/1/1896 Male Negro WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
houseman COUNTRY? INDUSTRY Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack Logan Polly Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service)
unknown 16. SOCIAL SECURITY NO. 17 INFORMANT Address decedent has nnne 18. CAUSE OF DEATH (Enter only one couse per line for land), correbrovascular accident, probably INTERVAL BETWEEN QNSET AND DEATH PART I. DEATH WAS CAUSED BY: right thrombosis day IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave cerebral arteriosclerosis unknown rise ta immediate cause (a). DUF TO stating the underlying cause (c) generalized arteriosclerosis unknown 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES right and left cerebrovascular accidents, historical 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice blda., etc.) at wark at wark 3/20 , 1966 , that 10 (we) last 21. I certify that XI) (this haspital) attended the deceased fram. 9/9 19 63, ta 3/20/ 19 66, and that death accurred at 1 . 10AM, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a SIGNATURE ATTENDING 3/20/66 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital, Glenn Dale, Md. 23a. BURIAL, CREMATION DATE THEREOF 23d. AOCATION (City or Town) REMOVAL (Specify) Washington, D. Remova 1 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Charle

Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page shauld be filed VR A15 (4) 20 M 1/66

The law requires that the death certificate be executed within 24 haurs after death.

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DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY INCE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED completely papers. Dey OF DEATH 1966 (Type or print) within 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon OF BIRTH MEXER MARRIED last birthday) and WIDOWED W 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive werordetesol service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item IB.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 201, (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office btdg., etc.) While Not While et work ?.........., 19.66, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from ... P. M. from the causes and on the date stated above.19.60, and that death occurred a saw the deceased alive on DATE 22a. SIGNATURE SIGNED ATTENDING MED DIRECTOR PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) rector, (Stete) GEMETERY OR CREMATORY 23a. BURIAL, CREMATION. F & OH

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1966

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CERTIFICATE OF DEATH

Reg. Dist. No.

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PLACE OF DEATH o. COUNTY Prince Georges

MARYLAND

Marvland

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)

b. COUNTY Pr. Geo's

b. CITY OR TOWN (If outside corporate limits, write Seat Pleasant

d. NAME OF HOSPITAL (If not in hospital, give street oddress)

c. LENGTH OF STAY IN 16 3 Months

Seat Pleasant d STREET ADDRESS 6905 Adel Street

IS RESIDENCE ON A FARMS YES NO PA

NAME OF DECEASED (Type or print)

First Edward.

Middle Henry

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

16. SOCIAL SECURITY NO

Own Farm

Lusby

4. DATE DEATH Month March 1966

5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White

WIDOWED KK

DIVORCED |

B. DATE OF BIRTH February 29, 1880

14. MOTHER'S MAIDEN NAME

IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years Months

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

Hours

during most of working life even if retired)
Tobacco Farming 13. FATHER'S NAME

Henry Lusby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Elizabeth Ann Goddard

Clinton, Maryland

U. S. A.

12. CITIZEN OF WHAT COUNTRY?

No

17. INFORMANT

Address

Mrs. Georgia Sacra- Same as Item #2. INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (a), stating the under-

lying couse lost.

DUE TO

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).

IMMEDIATE CAUSE (o)

lized arterioscherosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

CATION

ony

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

20e. PLACE OF INJURY IHome, form.

MEDICAL

20c. TIME OF INJURY Month, Day, Year Haur o. m

20d. INJURY OCCURRED at wark of work

foctory, street, office bldg., etc.

20f. (City or town) (County)

22d LOCATION ICITY town, or county)

(Stote)

nens

21. I certify that I attended the deceased from alive an

, and that death occurred at 4:25 M, from the causes and an the date stated above.

ADDRESS (Street, city or town, stote) 6124 Central Avenue, Sapital Heights, Maryland: 3/23/66

PHYSICIAN'S NAME (Type)

ACTUAL SIGNATURE

Peter Duus, M. D.

220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 26/66 Epiphany Cemetery Buria

Forestville, 24a. REC'D BY REGISTRAR

Mary Tand

1966 that I last saw the deceased

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Ritchie Bros. Funeral Home-Upper Marlboro, Md.

24b. REGISTRAR'S SIGNATURE

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MAILY AND STATE DEPARTMENT OF HEACHEST RESIDENCE, 18 ASSED DAME OF a least of Pedicorn 25, 1180 Secretary of the second state of the second uthocal leafanoise The state of the s Limite ale . consider Carte to an order - stone to the contract of A REPORT OF THE PARTY OF THE PA 350 01 15 ...

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	PLACE OF DEAT		zes	MADVI SAID	2. USUAL RESIDEN	CE (Where deceased li	L COUNTY		before admission) Georges	
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest too heverly		c. LENGTH OF STAY IN 1	c. CITY OR TOWN (II					
	d. NAME OF HO	Georges Ger		spital, give street addres			20		IS RESIDENCE ON A FARM?	
3.	NAME OF DECEASED (Type or print)	F	irst	Middle	Last	4. DATE OF DEATH	Month	Day	Year	
N	sex Male	Norma 6. color or race White	7. MARRIED [WIDOWED [NEVER MARRIED Sep. DIVORCED	uskey 8. DATE OF BIRTH 10 Nov.,	9. AGE (last E	MArch In years IFUNDE Irthday) Months yrs.	Days	Hours Min.	4.21
iur	Ing most of work Steamfit FATHER'S NAM	ION (Give kind of work ing life, even if retire ter E vin M Lusk	Bull Bull	DUSTRY LILGING	Washing 14. MOTHER'S MAII		9	COUNTRY?		
15 Ye	. WAS DECEASED I	EVER IN U.S. ARMED FO (If yes give war or dates o			INFORMANT lsie C Lusk	ey Washi	Address ngton D.	C.,	Ma.	
		EATH WAS CAUSED BY IMMEDIATE CAUSE DUE any, which Immediate tating the DUE	(a) <u>Cor</u> (b) ari	e for (a), (b), and (c).] onary T terioscle	Tromby	ozis et Hisu	*21	ONSE	VAL BETWEEN T AND DEATH days	
KILLICATION	Previo	SIGNIFICANT CONDITIONS OUS Fuls WAS UNDERLYING DEA ING DEAUSE OF DEA	ONS CONTRIBUT	ING TO DEATH BUT NOT RE	em and a	versiller fel	hillator	YES	WAS AUTOPSY PERFORMED? NO	
MEDICAL CE		INJURY Month, Day, n.	Year 20d. IN		LACE OF INJURY (Home, fi tory, street, office bldg., e		town) (Co	ounty)	(State)	
	21. I certif saw the dec 22a. SIGNATUR 22c. PHYSICIA NAME (T)	ceased alive on a	len .		at death occurred ats. ATTENDING PHYS. 22d. ADDRESS	966, to mo 20AM, from the MED. ST/DIRECTOR PH	causes and on 22b.	DATE SIGN	stated above.	
3a	Burial	ATION, 23b. DATE (Cify) March		23c. NAME OF CEMETE	Hillcemeter,	y Suitl	(City, town or c	Md.	(State)	-
24.	. FUNERAL DIRE	ctor sch's Sons	Hyatt	ADDRESS Sville, Md.	25a. RE	C'D BY REGISTRAR				

1966

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

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FOR STA HEALTH

U DEPUTY MESTCAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page In the State Department of nin 72 haurs after death. 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages long? W Health or its designoted ogent, prior to buriol, crematian, or removal, and in ony ev AL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01000

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	o. COUNTY	George's		MARYLAND		o. STATE Maryla	and	b. COUI	ince	Geor	gets	
	b. CITY OR TOWN (If	outside corporate limit	ts, c.	LENGTH OF STAY IN 1b		c. CITY OR TOWN (If ou						
	Chever	give neorest tawn)		DOA		Mt. Ra	anier			10		1
		L OR INSTITUTION (If no	ot in hospital, give	street oddress)	-	d. STREET ADDRESS					e. IS RESID	ENCE
	Prince	e George's	Hospital			3204 (Chill	um Road				NO E
	NAME OF DECEASED	Fi	irst	Middle		Last	4. DATE	Mon	th	Doy		
	(Type or print)		ivia	В.		tton	DEAT			9	196	
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SAL		RY Month, Doy, Yeor	20d. INJUR	Y OCCURRED 20e.	PLACE	OF INJURY (Home, form	n, 20f.	(City or town)	(Co	ounty)	(Stote)
MED	Hour o.m		While of work		foctory	y, street, office bldg., etc.)						
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	death resulte		al causas 🗔	-		e , Homicide		Undetermined m		7	,,	
		1	1 h			CHIEF MEDICAL				_		
i,	ACTUAL SIGNATURE	Un	hy /	evol		M.D. ASSISTANT MED	ICAL EXAM	INER			2. DATE	
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	NAME (Type)		hoe, M.D.			Addless Pstreet						
230	 BURIAL, CREMATION REMOVAL (Specify) 	N, 23b. DATE TH		3c. NAME OF CEMETERY				LOCATION (City or To		(County)	,	tote)
0.1	REMOVAL (Specify) Burial I. FUNERAL DIRECTOR			ort Linco			y C	olmar Ma	GISTRAR'S			
29	. TUNEKAL DIKECIUK	Nalley!	S		Kai	nier 250. RECT	15		Clark		_	
_	Funera	L Home Ir	1C-	Mar vland		DAMELIA	TO	1000	- who	A A	roge.	

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TO DEPUTY MEDI

THE LEGISLANCE OF THE PROPERTY
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

FOR S	TATE		り名とうう	MED	ICAL EXAMINI	ER'S CE	RTIFICATE C	OF DEATH	0	1227	
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z, ond PM3.	part m after		Cheverly		DOA		Forest	Knolls	10	6-1	DF#10F114F
es 1, 2 farm	Dep rs o		I. NAME OF HOSPITAL OR INSTITU				. STREET ADDRESS			10	RESIDENCE N A FARM?
ges n far	State Department of 2 havrs after death.	_	Prince Geor		Hospital Middle			or Avenue	**	1	45
Give Pages 1, ang with farm	0		DECEASED	First		3/-	Lost	4. DATE OF	Month	Doy	Year
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		īv	ale White			\Box	21 May 188	lost birtl	ndoy) Months	Doys Ho	ours Min
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ncil	pages I in any		FATHER'S NAME			14	. MOTHER'S MAIDEN				
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ol E		1S. (Y∈	WAS DECEASED EVER IN U.S. ARME s, no. or unknown) (If yes give wo	D FORCES? 16. or or dotes of service)	SOCIAL SECURITY NO.	17. INFO		e Leather	Address	00 0)	20170
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inis icate, be fa	D 0	CATIC	OO EVERNAL CALIFFRANCE							YES	
# = =	iles. should l	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b. DI	ESCRIBE HOW INJURY OCC	JRRED. (Ent	er noture of injury in	Part 1 or Part II of item	18.)		
AMINEK: the certif	iles. sho it, p	CALC	CAUSE OF DEATH. 20c. TIME OF INJURY Month, D	ov Yeor 20d I	NJURY OCCURRED 2	ne PLACE O	F INJURY (Home, fare	n, 20f. (City or t	own) (Co	unty)	(Stote)
£ + 4	yaur files Page 3 sh d agent,	MEDICAL	Hour o.m.	While	Not While		street, office bldg., etc.		0411) (60	511111	(31016)
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necessary, p	5 may be retained far TO FUNERAL DIRECTOR: Health ar its designate	220	1111	DATE THEREOF	23c. NAME OF CEMETE			t, city, town, or county) 23d. LOCATION (Cit	hu as Tauml		
5 5 £	10 He	230	REMOVAL (Specity)	19/66	Ft. Line				George	(County)	(Stote)
	nP	24			ADDRESS	70111	2Sp. REC	D BY REGISTRAR	25h REGISTRAR'S S	IGNATURE	1100
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	し生える	0	1	CERTIF	ICALI	E OF DEATH		1-2/119	114	22	R	
1.	PLACE OF DEAT a. COUNTY		V.	-1		2. USUAL RESIDENC	E (Where dec			idence b	efore ad	mission)
		Trince	Georg		YLAND	a. STATE	arvlan	d b. cour	Contract of the second	anti	2010	Las
-	b. CITY OR TOW	N (if outside corpora	te limits,	c. LENGTH OF STA		c. CITY OR TOWN (If						
		and give nearest tow	n)		1	TT	1 -			1	6-	1
-		SVILLE SPITAL OR INSTITUTION	N (If not In h	osnital give street	address)	Hyatts vil	re			1 0	IS RES	DENCE
			(sopitall Bits street			- 1				ON A F	ARM?
		Ray Road				1400 Ray						NO X
3.	NAME OF DECEASED	Fi	rst	Middle	11/1	Last ,	4. DATE OF	Mont	1 /	Oay	Yea	11
_	(Type or print)	LOUIS		NDREA	11/4	NCUDI	DEATH	MAKE	H	7	19 5	
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRI	ED 🔲 S	B. DATE OF BIRTH	17 9.	AGE (In years last birthday)	Months D	YEAR	Hours	Min.
	101	IVV	MIDOWED			Dec 2,17	1)	52 yrs.				
10a	I. USUAL OCCUPATION MORE	FION (Give kind of work ling life, even if retire	done 10b. K	IND OF BUSINESS ON NOUSTRY)R	11. BIRTHPLACE (Co	ounty & State,	or foreign country	12. CIT	IZEN O	F WHAT	
	Govern					New Je	ersey			.S.		
13	. FATHER'S NAM	1E				14. MOTHER'S MAID	EN NAME		1			
	Joseph	Mancusi				Josephin	ne Ran	naglia				
		EVER IN U.S. ARMED FO		SOCIAL SECURITY N	10. 17.	INFORMANT		Addre	SS			
1	No	(11 yes give wat of dates t		unknown	Es	sther Manci	usi	2 a, b, c	, d abo	ove		
	18. CAUSE OF	DEATH [Enter only on	e cause per	ine for (a), (b), and	(c).]						AL BET	
	PART I. O	EATH WAS CAUSED BY		Canina	mete	Nes				ONSE	AND	DEATH
	1539	IMMEDIATE CAUSE		Servino	masco					1		
	Conditions, If	OUE		Carrie		1- 60			10	14/2	110	11
	gave rise to	Immediate /	(b)	Carachen	up o	Cocch					fra	10
	cause (a), s		10			68 M						
N	underlying caus		(c)	ITING TO DEATH BUT	NOTDELA	TED TO THE TERMINAL O	ISEASECONE	ITION CIVEN IN	PART 1/a\	119. V	VAS AU	TOPSY
CERTIFICATION	T Aut 11. OTTIER	STORT TO AIT O ON DITT	MO O O I I I I I I	DIMO TO DESTIN DOT	HOTHELM	TED TO THE TERMINAL O	NO ENGL CONT	or noit are the me	i citt I(u)	F	ERFOR	MED?
E	202 ACCIDENT	WAS TIMOTOLVING TO	1 20b.	OCCODED HOW IN	UDV OOOLI	DDFD (Fator motors of	Information Do	et I or Dort II o	f Itom 10 \	YES		NO X
ERT	OR CONTRIBUT	WAS UNOERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH ZOU.	OFSCRIBE HOW INTO	UKT OCCU	RRED. (Enter nature of	mjuty m ra	it i or Part ii o	i item 10.)			
						- 05 Ministral	1 000		40			4-4-1
MEDICAL	Hour a.i	INJURY Month, Day, m.	While	NJURY OCCURRED	factor	CE OF INJURY (Home, fa ry, street, office bldg., e		City or town)	(Count	ty)	(2	tate)
ME	р.	m. 19	at wor									
	1	fy that (I) (this hos	ital) attend					March 9				
		ceased alive on	March	7 1966,	and that	death occurred at2	DeM, fro	m the causes				above.
	22a. SIGNATIO	RETR		//		ATTENOING M	MEO	STAFF -	22b. OAT	E SIGN	ED 10	11
	Jan	T- Dies	man	n.	M.0	. PHYS.	DIRECTOR	PHYS.	Mai	ung	170	56
	PHYSICIA NAME (T	······································	Danas	for To		22d. AOORESS	ST V	E WAS	WILLET	WI	20	
				inan, Jr.		10371ENK	y 11.,11	-, who	14/14/6/16	7/8/6	· 6	
238	REMOVAL (Sp.	ocifu)		23c. NAME OF C		OR CREMATORY	The state of the s	CATION (City, to		ty)	(St	ate)
_	Burial	12 Ma	r. 196		ry's			ington,		010010	THE	
24	. FUNERAL DIRI	ECTOR		AOORESS	N.W	., DC 25a. REC	O BY REGIS	TRAR 25b. R	16ISTRAR'S	SIGNA	UKE	
R	inaldi F	uneral Hor	ne, Inc	c. 7400 Ge			14 100	is och	anla.	0		

VR AI5 (4) 20M 1/65

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T 49 (1) 9 (1)

or a comparison of the compari

remain a many . Trans.

death. funeral and after t, within 72 hours after the p 24 hours .= filled within completely carbon Se O ever executed remove 34 app: in any and physician be please and and certificate 7 0

PLACE DF DEATH a. COUNTY

Cheverly

NAME DE

Male

DECEASED

(Type or print)

Custodian

13. FATHER'S NAME

Unknown

Prince George

Prince George General Hospital

JOSEPH

6. COLOR OR RACE

White

10a. USUAL OCCUPATION (Give kind of work done !

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service)

PART I. DEATH WAS CAUSED BY:

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

Cenditions, If any, which gave rise to immediate

cause (a), stating the underlying cause last.

Hour a.m.

22a. SIGNATUBE

22CX PHYSICIAN'S

NAME (Type)

BURIAL, CREMATION,

REMOVAL (Specify)

FUNERAL DIRECTOR

Burial

p.m

saw the deceased alive on

IMMEDIATE CAUSE (a)

during most of working life, even if retired)

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI

21. I certify that (I) (this hospital) attended, the deceased from_

23b. DATE THEREOF

3/10/66

WIDOWED

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16. SOCIAL SECURITY NO. | 17.

20b. DESCRIBE HOW INJURY OCCU

20d. INJURY OCCURRED

at work

Francis Gasch's Sons Hyattsville, Maryland DATE

Mt. Olivet

ADDRESS

Michael

10b. KIND OF BUSINESS OR INDUSTRY

Apt. Building

577 58 7250

7. MARRIED NEVER MARRIED

CERTIFICATE	OF DEATH			04	22	9	
MARYLAND		ryland	b. COU	Pri	nce	Geo	rge
c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpora	te limits, wr	Ite RURAL	and giv	e nearest	town)
D. O. A.	Lanham				16	-/	
pital, give street address)	d. STREET ADDRESS				0.	. IS RESI ON A FA	DENCE ARM?
spital	9322 Wyat	t Drive			Y	ES 1	NO 🔀
Middle	Last	4. DATE	Mont	h	Day	Year	
ichael N	MARSHALL	DEATH	Marc		7,		66
NEVER MARRIED 8	. DATE OF BIRTH	9. AG	E (In years st birthday)	IF UNDER Months	1 YEAR	Hours	24 HRS
DIVORCED	Sept. 29, 1	897 68					141311.
D OF BUSINESS OR USTRY	11. BIRTHPLACE (Co	unty & State, or f	oreign country	12. CI	TIZEN O	OF WHAT	
Building	New York				.S. 1		
	14. MOTHER'S MAID	EN NAME					
	Unknown						
CIAL SECURITY NO. 17.	INFORMANT		Addre	ss			
58 7250 Pa	ulina Marsh	hall Sar	me as	#2 (wife)	
o for (a), (b), and (c).]					INTER	RVAL BET	WEEN
ronzry 7	70m 605:	J, rec	urran	4		FO MA	
herosclere							
NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITI	ON GIVEN IN	PART 1(a)	19. YES	WAS AUT PERFORM	
SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I	or Part II o	of Item 18.)		
	CE OF INJURY (Home, fairy, street, office bldg., et		or town)	(Cou	nty)	(St	tate)
the deceased from	1960 .19	to	3/7	. 196	C. the	at (!) (w	e) last
	death occurred at						
1					ATE SIG		
✓ M.D.			STAFF PHYS.	5/	8/6	6	
	22d. ADDRESS	& low	sa de	e h	w.	20	
23c. NAME OF CEMETERY	OR CREMATORY	1 23d. LOCAT	ION (CIty, t	own or cou	inty)	(Sta	ite)

Washington D. C. REC'D BY REGISTRAR'S

REGISTRAR'S SIGNATURE

removal, attending phermit. Then permit. o burial, cremation, the burial-transit been signed by as the b certificate has be detached for use State Dept. of Health After this plnods 3 should with the S TO FUNERAL DIRECTOR: filed director, p

otifi death Z attending physician. 34 Examine be retained by the hospital or Medical PHYSICIAN: ATTENDING ehoe X Page 4 may H 1

CERTIFICATION

MEDICAL

VR A15 (4) 20M 1/65

V = v o .

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5.11

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D. Larrachite # 1

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SAUDE SAUDE

FOR STAT HEALTH

> PM3. Page delay is 2, and 3 to

> > Pages 1, ith farm

in pencil in Item 18

pending

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office

necessary, please execute the certificate, writing the ward AL EXAMINER:

TO DEPUTY MEDT

This certificate shauld be executed within 24 haurs after

with the State Department of

pages land 2

File

in any event within 72 hours after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

	04238		MEDICA	AL EXAMINER	'S CEI		OF DE	ATH		04	230
	PLACE OF DEATH		A			USUAL RESIDENCE	(Where dec			nce before o	dmission)
	o. COUNTY	rince Georg	e	MARYLAND		o. STATE Md.		Princ.	OUNTY e Georg	re	
	b. CITY OR TOWN (I	autside corporate limits.		LENGTH OF STAY IN 16	c.	CITY OR TOWN (If o	outside corp				own)
		give neorest town) verlv		DOA		Hvattsvi]	170		/	6-1	
\vdash		L OR INSTITUTION (If not	in hospitol, give			STREET ADDRESS				e.	S RESIDENCE ON A FARM?
	Prince G	eorge Gener	al Hospi	tal	6	25 Sherid	lan S	treet		YES	
3.	NAME OF	Firs		M: LIL		Lost	4. DAT		lonth	Doy	Year
	(Type or print)	Henry		Levils	Mar	tin	OF DEA	тн з	3	27	19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		TE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
M	Tale	White	WIDOWED	DIVORCED	1 15	April 18	885	last birthdoy)		Doys	Hours Min.
100	. USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR	. 11	. BIRTHPLACE (Stot	e or foreign	n country)		TIZEN OF W	HAT
dur	actory U	re ever it retired)	Harry	y Springs	Co	Kacine,	ZUIS	consin	1 4	UNTRY?	A
	FATHER'S MAME			110	14.	MOTHER'S MAIDEN	NAME				
	Louis	martin				alice	-40	ring			
15 (Y)	. WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	11	AL SECURITY NO. -12.8533	7. INFOR	Loroch	45	. marti	ddress (De	eme a	re #2,
		ATH (Enter only one cous H WAS CAUSED BY:							············		AL BETWEEN AND DEATH
	4200	IMMEDIATE CAUSE (/	t failure						mi	n.
	Conditions, if any,										
	rise to immediate	e couse (a),		riosclerot	lc_ne	art dise	ase			2000	
	stoting the under	lying couse	()							over	20 yrs
		GNIFICANT CONDITIONS CO		EATH BUT NOT DELATED	TO THE T	DISEASE (I	ONDITION G	CIVEN IN PART 1/o		19 W	AS AUTOPSY
CATION	PART II. OTHER SIC	SMITICANT CONDITIONS CO	WIKIDOTING TO D	LATIT BOT NOT KELATED	TO THE T	EKMINAL DISLASE CO	JADITION O	STAFFE IN LAKE 1(0)		YES YES	RFORMED?
CERTIFICATION	20o. EXTERNAL CAI PRIMARY ☐ or CON CAUSE OF DEATH.		20b. DESCRII	BE HOW INJURY OCCUR	RED. (Ente	noture af injury ir	1 Port I or	Port II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour o.m	10	20d. INJUR While of work	Not While		INJURY (Home, for treet, office bldg., et		f. (City or town) (Co	ounty)	(Stote)
	21. I certify	that I taak charge	af the remain	ns described abave	, held a	n Autapsy 🗍	Inspe	ection 🔀, li	nquiry 🔀,	and in	n my apiniar
	death result				Suicide		,	Undetermined		7	
		0 /	7 1	/ 1/		CHIEF MEDICA		_		_	
ı	ACTUAL	1 -1/1	- / 1	alex	-	ACCICTANT NA	DICAL EVAL	MINIED		22.	DATE SIGNED

Health ar its designated agent, prior ta burial, crematian, ar remaval, and 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

SIGNATURE **EXAMINER'S**

<u>Riverdale</u>

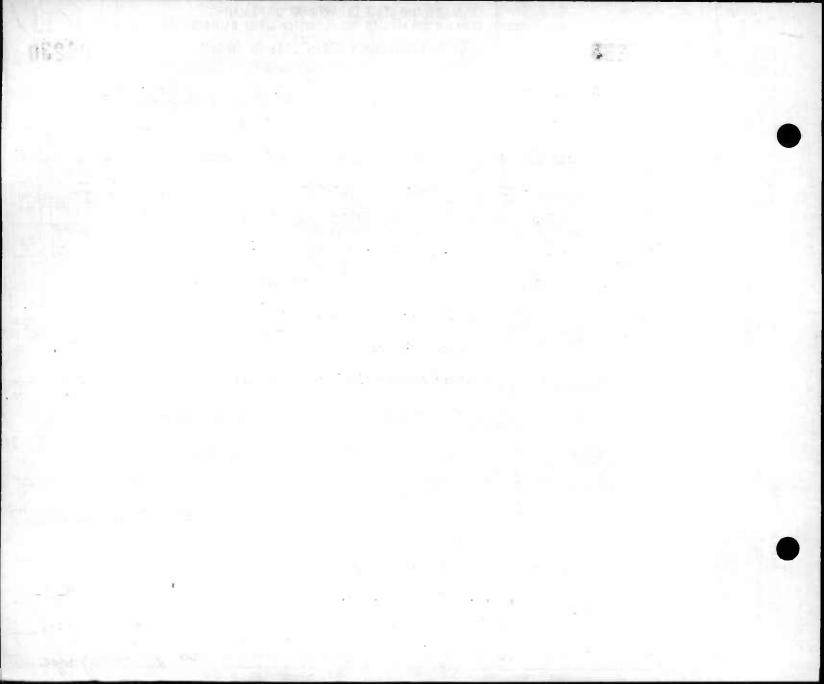
ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

BURIAL, CREMATION MOVAL (Species)

Address (Street, city, town, or county)

VR A15ME (5) 6M 1/66

REGISTRAR'S SIGNATUR 2Sb.



M	ED	10	Al	EVA	SAINIED!	CCE	DTIEL	CAT	E OI	DEATH
٧I	EU	IV.	AL	EAA	IAHIMEK) CE	KIIFI	CAI	E UI	DEATH

		MEDICAL EXAMINER 5	CERTIFICATE O	DEATH	0 - 201
1. PLACE OF DEATH					an: Residence before odmission)
a. COUNTY P:	rince George!	S MARYLAND	Maryland	Prince	George's
b. CITY OR TOWN	(If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write RUF	
Cheve:	nd give nearest town)	DOA	Upper Ma	rlboro	16-1
		hospitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince G	eorge General	Hospital	P Box	295	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mant	h Day Year
(Type ar print)	Samuel	N. Ma	rtin	OF DEATH 3	28 1966
S. SEX	6. COLOR OR RACE 7	. MARRIED 🔃 NEVER MARRIED 🔲 🛚	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days Haurs Min.
Male	110810		12-31-30	35 yrs.	
1Da. USUAL OCCUPATIO during mast of Tacking	N (Give kind af wark dane a life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	0 11	12. CITIZEN OF WHAT COUNTRY?
	orer	State Govit.	Maryla		COUNTRY? U.S.A.
13. FATHER'S NAME	C	70.	14. MOTHER'S MAIDEN	NAME	
	Samuel A.		Annie		
1S. WAS DECEASED EV (Yes, no, ar waknown)	/ER IN U.S. ARMED FORCES? (If yes give war or dates af se	arvice)	NFORMANT	Addre	Ivid •
NO		213 24 3558	Mrs. Anni	e Martin Up	oper Marlboro
	DEATH (Enter only one cause ATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH MOMENTS
353	IMMEDIATE CAUSE (a)	Asphyxia			Moments
	1::1				
Conditions, if on rise to immedia	ite couse (a)	Status epilepti	cus		
stating the und	erlying cause DUE TO				
last.) (c)		TO TONIUM DISCOST CO.	UNITAL CONTRACTOR DATE AND A	19. WAS AUTOPSY
PART II. OTHER S	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE COL	NUTTION GIVEN IN PART I(a)	PERFORMED?
20g. EXTERNAL C	ZANK BZINA'	Table Descript Hold William Occupation	(F-44	Dark Law Dark II of Norm 10)	YES X NO
PRIMARY OF CO	ONTRIBUTING	2Db. DESCRIBE HOW INJURY OCCURRED.	criter nature at injury in	ran I ar ran II of Hem 18.)	
문 Hayr a	JURY Month, Day, Year .m. 19		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(County) (State)

X 21. I certify that I took charge af the remains described above, held on Autopsy Inspection deoth resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER

22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Inquiry 🔀

SIGNATURE	1	711	110	W	M
EXAMINER'S NAME (Type)	Falls	Kehoe	MD	Riverdale	Ma

DATE THEREOF

3-30-66

23c. NAME OF CEMETERY OR CREMATORY Harmony Memoria

Landover 2So. REC'D BY REGISTRAR 2Sb.

23d. LOCATION (City or Tawn)

REGISTRAR'S SIGNATURE

(County)

and in my opinian

114231

24. FUNERAL DIRECTOR Rollins

BURIAL, CREMATION REMOVAL (Specify)

ADDRESS Hunt

1966

Address (Street, city, town, or county)

VR A15ME (5)

ment has wrong with the second

Property State of the second state of the seco

INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES SC NO Took excessive quantity of sedative synergistic (County) (State) Capitol Hgts. Pr. Geo. Md. Inquiry x ond in my opinian Undetermined manner 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 😾 3-12-66 **EXAMINER'S** Kehoe, M.D. Andie V (Street Brily Hown Mckounty) John NAME (Type) 23d. LOCATION (City or Town) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) BIREMOVAL (Specify) 3-15-66 Arlington National Arlinton Virginia ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Suitland Maryland DAMA Wilhelm Funeral Home 4308 Suitland Rd

e. IS RESIDENCE ON A FARM?

19

Haurs

IF UNDER 24 HRS

IF UNDER 1 YEAR

Days

12. CITIZEN OF WHAT COUNTRY?

Months

NO 3

66

Min.

VR A15ME (5) 6M 1/66

5 may 10 FUNE Health

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WESTS AD EARLY OF THE POPULAR FEMALES AND THE STATE OF TH K

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deathy TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	114241	CENTIFICATE	L OF DEATH	03233
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
	COUNTY		a. STATE b. COUNTY	
_	TRINCE GEORGE	MARYLAND	MARYLAND	EURICE /FEMILE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
- 1	() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 /2 2400	Divos cala	1/ /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	applied at a street at trace)	d. STREET ADDRESS	e. IS RESIDENCE
		Japital, give street awaress)	G. STREET ADDRESS	DN A FARM?
C	ARROLL MANCE	4922 6A SA	LE 431A QUEERE RUA	YES ND X
3	NAME OF First	Middle	Last 4. DATE Month	Day Year
-	DECEASED	- 8	OF	-1 -10 //
_	(Type or print) PARGARE	7 6	MATHEWS DEATH March	11, 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8		R 1 YEAR IF UNDER 24 HRS.
	Finale WILL WIDOWED	DIVORCED	12-14-16-6 79 vrs. 3	Days Hours Min.
10a	The state of the s	IND OF BUSINESS OR		CITIZEN OF WHAT
dur	ing most of working life, even if retired)	NDUSTRY		DUNTRY?
	JEAM STRESS		LOGAN, UTAH L	15 A
13.	FATHER'S NAME		14. MDTHER'S MAIDEN NAME	
	Heady Comme	-11 0	Floorin Da	11
16	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 1 16.	COLON TOWN I 17	INFORMANT Address	K
	s, no, or unkown) ((If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Alla
	NO 5	19-12-9016 N	h Manstolena Correll	Manor
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c),]	7 2 3	I INTERVAL BETWEEN
	DADT I DEATH WAS CAUSED BY		**	DNSET AND DEATH
	IMMEDIATE CAUSE (a) COT	epral vascul	ar Hemorrhage	10 days
	443X DUE TO			
		ertensive He	ent Disesse	1 Yr. 7
	gave rise to immediate (er neusive ne	AT U DISORSE	mos.
	cause (a), stating the DUE TD			
-	underlying cause last. (c)			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TINC TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT				YES NO NO
Ē	20a. ACCIDENT WAS UNDERLYING TI 20b. [SECORDE HOW INDIDA DOCT	RRED. (Enter nature of injury in Part I or Part II of Item 13	7 7 7
ERT	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PESCHIEL HOW INJOH! DCCO	KKED. (Eliter hattie of hijary in Part 1 of Part 11 of Item 20	J.,
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. II	NJURY DCCURRED 20e. PLAC		unty) (State)
ED	Hour a.m. While	MOT WHITE	ry, street, office bldg., etc.)	
Σ	p.m. 19 at work			
	21. I certify that (I) KD(SANSAIR(I) attended			66, that (1) XXX last
	saw the deceased alive on 3-13-	1956, and that	death occurred at 114 M, from the causes and on	the date stated above.
	22a. SICNATURE		() () () () () () () () () ()	DATE SIGNED
	Thomas 7 (Clima M.D.	ATTENDING K MED. STAFF 2220.	111-66
	22c. PHYSICIAN'S	ELLEN MI.D	1 22d. ADDRESS	171-00
	NAME (Type)	331 × W D		
	Thomas F. Co	llins, M.D.	322 H St., N.E., Was	
2 3 a		23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
	BURIAL MAR 18 1966	SMITHFIELD	CEHETERY SMITHFIELD	UTAH
24		A ABDRESS -	25a. REC'D BY REGISTRAR 25b. REGISTRAF	R'S SICNATURE
N	IN HYSONG CO. 1 1300-W	CANAL LUACE	H.D.C. MAR 16 1956 Achort	
1,4	M AR ALL LANDER COLLEGE LANDER	24 14 14 Mal 2.	MINITED A DOOR IN THE PARTY OF	ey jugge

VR A15 (4) 20M 1/65

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NACE SEESE - SAND THE STATE WHERE SHEER BANGERSTAN

YARDELL MANDE THE PARTY STATE STATE STATE STATE

AND THANKET CHATTERS MARKET BE

CAN STRESS LE PERN, UTAH USA

TEARY GENERALIES ENGLANCE MEDITED TO COLUMN

while the man willing the first the state of the same

Cerebral Vascular demorrhage 10 dags

1 . . . Ryperteculve heart Cinesas

3-13- 66 12-82- 35.14- 66 348.1X

Thomas F. Collins, M.D. 322 H St., S.C., Mash., D.C.

MARIN GLISHATIME VASTANCO CONSTRAIN STANK MARINE and the sould reserve the a feet of the same of the TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page A be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely rilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please amove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it is event, within 72 hours after death. The law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH

0424	2	CERTIFICA Items 0.9 Fil	TE OF DEAT	66 mh			1145	34
PLACE OF DEA	TH	LUSINS U 7 TILL	2. USUAL RESIDEN				ence before	admission)
e. COUNTY	ce George	MARYLAND	a. STATE	rland	b. COUN	rince	George	00
	Le George limits,	c. LENGTH OF STAY IN 16						
write RURAL a	nd give nearest town)						1/	,
A NAME OF HOS	DITAL OR INSTITUTION /IF a	ot in hospital, give street address)	d. STREET ADDRESS	cict He	eights		I o IS R	ESIDENCE
d. NAME OF 1103							ON	A FARM?
Princ	e George's	General Hospit	al 8009 Ki	pling	Parkwa	ау		NO 🗌
NAME OF DECEASED	First	Middle **	Lest	4. DATE OF	Montl	D	ey Yaa	ar .
(Type or print)	Adelaide	4	Mattera	DEATH	Marc	h 30	19	66
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	O DATE OF BIRTIL	394 72		IF UNDER 1 YEA		R 24 HRS.
Female	White	IDOWED DIVORCED		7202	2 yrs.	Months Day	s Hours	Min.
Da. USUAL OCCUP	ATION (Give kind of work	106. KIND OF BUSINESS OR INDUS	January 15	nty & Stete, or I	oreign country)	12. CITIZEN	OF WHAT	COUNTRY
	working life, even if retired)		Italy			77		
3. FATHER'S NAME	ewife		14. MOTHER'S MAIDEN	NAME		U.	S.A.	
					_			
	olas Bastiar		Joseph	ine De	Rasme			
(es, no, or unkown)	EYER IN U.S. ARMED FORCES	(ce) 16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	Distri	ct He	eigh
No			idy Mattera	80	09 Kir	ling P	arkwa	ay
		use per line for (e), (b), end (c).]	1171	-4	1		ONSET AND	DEATH
PART I. DE	IMMEDIATE CAUSE (a)	Muscarde	al mia	rele	020		180	Wit
1 42	DUE TO	0	1 10	,	1		M	
Conditions, if a		(Dimary a)	HEREI &	eart (21080	18-	14/61	1121
gave rise to imme	edieta cause	100	10-10-		black.		1	
(e), stating tha			1				34.00	
cause fast.	(c) (c)	NS CONTRIBUTING TO DEATH BUT I	NOT BELATED TO THE TERM	INIAI DISEASE (CONDITION CIT	(ENLINI DA DT 1(a	11 19. WAS	AUTOPSY
PARI II. OII	TER SIGNIFICANT CONDITIO	NS CONTRIBOTING TO BEATH BOTT	NOT KELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EIA IIA LVIKI 16a		ORMED?
3							YES [но 📗
OR CONTRIBUTION	WAS UNDERLYING 2	DE, DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury Ir	Pert I or Pert II	of item 18.)			
20c. TIME OF IN	IJURY Month, Dey, Year		LACE OF INJURY (Home, far		or town)	(County)		(Stete)
Hour a.m		While Not While at work et work	ectory, street, office bldg., et	c.)			,	
		attended the deceased from	1 4-4	1960 to.	3 - 2	9 1966	, that (I)	(we) les
	eased alive on 1762	reh 29 1966, and the					date stated	above.
22a. SIGNATUR	4 7 1	11	ATTENDING.	MED.	STAFF		22	b. DATE SIGNED
1/1	hoty (letty	M.D. PHYS.	DIRECTOR _	PHYS.	. 3	-30-	66
22c. PHYSICIAN		- 171 61	22d. ADDRESS 4	3611-1	503110	h Av	2 52	
NAME (Ty) 1 h.05, T.	Cleary	12 Nashij	0401	DC.	200	23	
3a. BURIAL, CREMA	ATION, 236. DATE THEREC	F 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOC/	ATION (City, to	wn or county)	{!	State)
REMOVAL (Speci	4/2/66		220	Bha	denshu	rg, Md		
BURIAL 24 FUNERAL DIRECT		Fort Line		EC'D BY REGIST				
FUNERAL DIRECT	OK 3 SIGNATURE	2 and Hard al	NE APP	7 4	WH	liantes	Julas	
60.8 FIIN	eral Itomic	- 300-TUN	/Y / DIRTE	1 1 13	001	-100		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pager T and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours (fittle peans.)

2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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3477	PA 77 0					0,11	- 01				U	- FUL	3.)
1. PLACE a. COU	OF DEATH						2. USUAL RESIDENC						dmission)
		eorge's			MARY	IAND	a. SMIE Maryla	nd	Pri	nce (Seor	ge's	
		(if outside corporat	e limits	, C.	LENGTH OF STAY		c. CITY OR TOWN (If	outside co					st town)
	e RURAL Verly		n)		hr. 43 m	in	Laurel		~		11	1	
		PITAL OR INSTITUTIO	N (if not				-d. STREET ADDRESS				16	. IS RES	IDENCE
		47								15.3		ON A	FARM?
		eorge's Ger	nera.	I Hos	pital		500 9tl				,	/ES 📗	NO
3. NAME DECEAS		Fi	st		Middle		Last	4. DATE	Mon	th	Oay	Ye	ar
(Туре о		Bal			Girl		Matthews	DEAT	H March	1	5	196	56
5. SEX		6. COLOR OR RACE	7. MARI	RIED	NEVER MARRIE	0 3	8. OATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER			
Fema	ale	Negro	WIDO	WED	DIVORCE		March 5, 196	66	yrs.	Months	Days	Hours	Mig4
10a. USUAL	OCCUPATI	ON (Give kind of work on a life, even If retired	ione 1		OF BUSINESS OF	2	11. BIRT HPLACE (Co	unty & State		y) 12. C	ITIZEN	OF WHAT	r
during most	or worki	ng lite, even it retired	")	INDUS	STRY		Prince Ge	ongo I s	Mamela	C	OUNTRY	?	
13. FATHE	R'S NAME						1 14. MOTHER'S MAIO		, naryre	ши	OOA		
112.22		Jerome Hebi	-CI-AH										
		VER IN U.S. ARMED FO		16 000	IALSECURITYNO	1 17	Judith Ani	n Matt					
		(If yes give war or dates of		10. 500	IALSECURITING	. 17.	INFURMANT		Addre	:55			
no													
		EATH [Enter only one		per line f	ory(a), (b), and (c			1.71			INTE	RVAL BE	TWEEN
P/	ART I. OE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)		Rema	lu	ritz				UNS	CI AITO	DEATH
7	771	X OUE					0						
Conditi	ons, If a	ny which 1											
gave i	rise to	Immediate ((b)										
	(a), sta	ating the OUE											
_			(C)	TRIBITIN	C TO OFATH BUT A	AOT DELA	TEO TO THE TERMINAL D	ICEACE COR	NDITION CIVEN IN	DADT 1/a)	119.	WAS AL	ITOPSY
ATIO	. OTHER S	Idilli TOANT CONOTTE	110 0011	KIDOTIN	d TO OEATH BUT I	TOTALLA	TEO TO THE TERMINALD	ISEASE GOI	ADITION GIVEN II	ILWVI T(a)		PERFOR	MED?
5					\$	5			•	Ł.		S	NO
PART II 20a. AC OR CON (IF EIT	TRIBUTII	NAS UNDERLYING ☐ NG ☐ CAUSE OF DEAT IFY MEDICAL EXAMIN	H 20	b. UESC	RIBE HOW INJU	RY OCCL	IRRED. (Enter nature of	Injury in P	Part I or Part II	of Item 18	3.)		
	HER, NOT	IFY MEDICAL EXAMIN	IER)	- 14.									
		NJURY Month, Day, '				20e. PLA	CE OF INJURY (Home, farry, street, office bldg., et	rm, 20f.	(City or town)	(Co	unty)	(5	State)
AEO .	lour a.m	•	at W	Work	Not While at work	racto	iy, street, office blug., et						
		that (this hosp				rom N	larch 5	66 to	March 5	10 f	66 th	at MO (v	teci (ou
			iarcl	h 5	19 66 a	nd that	death occurred at3						
	SIGNATUR		1		10	nia tiia	death occurred at	DM	ibili the oduses		ATE SI		20070.
(100	no 1+16 a	(X	1 1	11/11		ATTENOING N	PM MED. DIRECTOR	STAFF	3/	8/66		
22c. F	PHYSICIAL	v's	00	06	gry	M.E	PHYS. L C	DIRECTOR	PHYS.	4			
	NAME (Ty	Andrew G.	Anc	m-Eur	M.b.		6803 Good	Luck	Pd Lanh	am M	4		
OD: DUDI	U ODEM			- 7		TARETERN						(0)	
23a. BURIA REMO	AL, CREMI	ATION, 23b. DATE T	HEREOF				OR CREMATORY		OCATION (City, t			(51	tate)
cremat	ion	3/12	166	Ph		o. Ge	en. Hosp.	Che	everly,	Maryl	and		
24. FUNE	AL DIREC	CIUR	/	/	ADDRESS		25a. REC	D BY REG	ISTRAR 25b. F	EGISTRAR	'S SIGN	ATURE	
De	12	en ou	-		(1).		DATER	15 10	966 00	iarle	of Que	del	
Harry	W. Pe	np, Jr., A	dmin	istra	itor		1817\1\				0	0	
- 126	9081	/ .			/						_		

VR AI5 (4) 20M 1/65 Starton super fraction and the tall is Testifa nem Alexander Manual Common a strate Sentral SUBSTRUCT AS ZONE the large and th Andrew E. Aroney, N.D. ... 1805 Cood Inck Ed. Aroney, Mr. rentiev 2/11/U Mingo En 10sp Thayonly her/less

Karata alasa at Janua i vertis

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d GE b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ORGE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b hours TS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 NO HYATTSV NAME OF YES 3. within completely carbon ant with Month Day DATE Year Middle DECEASED OF DEATH (Type or print) 19 / executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Davs | Hours | Min. 5. SEX 6. COLOR OR RACE 9, 9 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED remove 1 any e WIDOWED TO DIVORCED 12. CITIZEN OF WHAT COUNTRY? = 10a. USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease pe during most of working life, even if retired) and INDUSTRY FATHER'S NAME attending physi ermit. Then ple on, or removal, a certificate 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Apt. 13 INFORMAN' Address 17. 2952-2 St. been signed by the attenthe burial-transit permit. It to burial, cremation, or S.E. death (Yes, no, or unkown) (If yes give war or dates of service) 20 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. minutes DUE TO Cenditions, If any, which (b) gave rise to immediate as the l DUE TO (a), stating the underlying cause last. has WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate h detached for use e Dept. of Health j for use Health PERFORMED? No T YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) be detached State Dept. MEDICAL TIME OF INJURY Month, Day, Year (County) (State) 20c. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While at work at work After p.m. 19 DIRECTOR: Af age 3 should by filed with the S retained 21. I certify that (I) (this hospital) attended the deceased from 19 M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED STAFF page ATTENDING DIRECTOR M.D. PHYS. PHYS may HOSPITAL TO FUNERAL ADDRESS 226. PHYSICIAN'S 22d. director, p should be f NAME (Type) (City, town or county) to D 23d. BURIAL GREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A.15 (4) 1/65

1 PRINCE GEORGES - MARYLAND PRINCE LECKER HYBTYSVILLE IT days HILLEREST HEIGHTS Hyathylle Musing Home "Ross Marty un 2445 Cole Brooke Dave Heary Brooke Matinely March 9 LL M W Tuly 4,1880 85 Cappenter Wayy Install Charles County, Md U.S.A. Joseph Mattingly Lours Mattingly No so-07-2942 Edna M. Blanchford WASH 20, D.C. THE STATE OF THE STATE OF STAT

FOR STATE HEALTH DEPT.

delay is P.M.3. Page

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death. If

"pending"

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

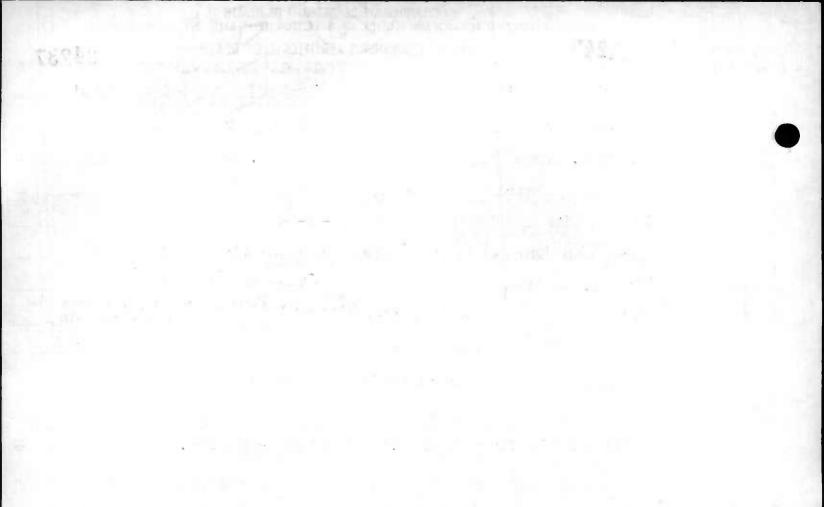
In the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death. **10 FUNERAL DIRECTOR:**Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 ル 5 may be retained for your files.

VR A15ME (5)

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7	0424	5	MED	ICAL EXAMI	INER'S	CERTIFICATE O	F DEATH		1	149	37
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed live	ed, if institutio	n: Residence	before of	lmission)
	o. COUNTY	na Caamaa I	~	***	DVI AND	o. STATE		b, COUNT		- 1-	J
-		ce George! outside corporote limits		C. LENGTH OF STAY	RYLAND	Maryland		Prince			
	write RURAL and a	ive neorest town)	,	C. LENGIH OF SIAT	T IN ID	c. CITY OR TOWN (If ou	itside corporote lim	its, write KUKA	it ond give n	eorest to	wn)
L	Colmar 1					Colmar Ma	anor		16	-/-	
	d. NAME OF HOSPITAL	OR INSTITUTION (If no	t in hospitol, g	ive street oddress)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
	3/10 39th	n. Avenue				3410 39th	Avenue			YES	
3.	NAME OF	Fir	st	Middle		Lost	4. DATE	Month		Doy	Year
	OFCEASED (Type or print)	Edwar	d	Loui		Mav	OF DEATH	3		30	19 66
S.		. COLOR OR RACE	7. MARRIED	NEVER MARRI		B. DATE OF BIRTH		(In yeors	IF UNDER 1 YI	EAR IF	UNDER 24 HRS
7			WIDOWED	DIVORO				birthdoy)	Months D	oys H	lours Min.
_	lale V	White		ND OF BUSINESS OR	٠٠٠ ا ا	12-24-1910	1 55	yrs.	10 (17)71	N OF W	14 T
	ring most of working life			DUSTRY		11. BIRTHPLACE (Stote	3 17		12. CITIZE	TRY?	1A I
L.	TAXIC	AB BRIVE	ER VE	LLOG! CAB	Co	WASHIN	GTON .	0,	10	Se	
13	. FATHER'S NAME		, ,			14. MOTHER'S MAIDEN					
	EDWARD	L. MAY				SYLVIA	SEY	MOUR			
15	. WAS DECEASED EVER II	N U.S. ARMED FORCES?		SOCIAL SECURITY NO.	. 17. 1	ROTHY J. P.	-111000	Addres	5 00	/4	AI
(Y	es, no, or unknown) (If	yes give wor or dotes o	service)	77-16-99	00 D	PROTHYJIKI	ICHAKD 20	4 27	ATON,	AA	
=		'H (Enter only one cou			07			MAE	AION		AL BETWEEN
	PART I. DEATH	WAS CALISED DV.									AND DEATH
	4200	IMMEDIATE CAUSE	(o) Hear	t failure					\rightarrow	mini	utes
	,	DUE	TO			*					
	Conditions, if ony, w	hich gove	(b) Arter	riosclero	tic he	eart disease	2				
	rise to immediate a		TO								
	last.)	(c)								
	PART IL OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT R	FLATED TO 1	HE TERMINAL DISEASE COI	NDITION GIVEN IN E	ART I(o)		19. WA	S AUTOPSY
NO.	OXIX	_								PER	FORMED?
S	20o. EXTERNAL CAUS	relitis wi				of legs -				YES	NO X
RTI	PRIMARY Or CONTR		20b. DE:	SCRIBE HOW INJURY	OCCURRED.	Enter noture of injury in	Part I or Port II of	item 18.)			
MEDICAL CERTIFICATION	CAUSE OF DEATH.										
DIC	20c. TIME OF INJURY Hour o.m.	Month, Doy, Year		IJURY OCCURRED		E OF INJURY (Home, farm		or town)	(County	Y)	(Stote)
ME	p.m.	19	While of work	Not While] 1001	ory, street, office bldg., etc.	'				
	21. I certify	that I took charge			ahove he	ld on Autopsy ,	Inspection D	iunal F	ry 🔯	and in	my apinia
	death resulted		lauses x		. Suici			rmined ma		unu m	тту артта
	dedili lesolled	natura	i conses 1	Accidentity				imilieu mu	inter		
	ACTUAL	11 6		20/1	al	CHIEF MEDICAL		1		22	DATE SIGNED
	SIGNATURE	Jan	11	leve	0	M.D.	ICAL EXAMINER	l			DAIL SIGHED
	EXAMINER'S	for Walana	36 T)	70.5 1 - 7	363		AL EXAMINER 🔀			0 (20 //
_		hn/Kehoe,		Riverdal			t, city, town, or cou			3-	30-66
23	 BURIAL, CREMATION, REMOVAL (Specify) 			23c. NAME OF CEI	METERY OR	CREMATORY	, 23d. LOCATION	,	'	ounty)	(Stote)
1	BURIAL	/ APRIL	1966	FORT	LINCO	OLN CEM	BLADE	NSBO.	RG. A	V.P	*
	4. FUNERAL DIRECTOR	7	6	ADDRESS	1 1		BY REGISTRAR		ISTRAR'S SIGN	IATURE	
1 1	W.W.Ph	am ben	60.	Kinera	tale.	Md DATA POR	1 400	n m	1,000	. 0	100



PMS Page in pencil in Item 18. Give Pages 1, 2, and 3 to with the State Department of delay is with farm TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If alang necessary, please execute the certificate, writing the ward "pending" in pencil in Item 1 the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office

Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2

18821 10-17-66 ams MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items

MEDICAL	EXAMINER'S	CEDTIELCATE	OF DEATH
WITHIU AL	PAMININEK	LEKTIPILATE	UP DEATH

11780

	CE OF DEATH OUNTY					2. USUAL RESIDENCE (o. STATE	Where deceose	b. COUNTY				
	TY OR TOWN (rince Geor If autside corporate limits	ge	c. LENGTH OF STAY IN		Md. Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
W	vrite RURAL on	d give neorest town) Cheverly		2 day	s	Fai	rmont.	Heights		16-1		
d. NA	AME OF HOSPIT	AL OR INSTITUTION (If not				d. STREET ADDRESS		WATELIND.		e. IS RESIDENCE DN A FARM?		
		e George Ge	neral H	ospital		701.6	Oth pl		94.	YES NO		
	ME OF EASED e or print)	Firs Th	t eresa	Middle		lost Maynard	4. DATE OF DEATH	Month 3		Doy Year 9 66		
S. SEX	T.	6. COLDR OR RACE	7. MARRIED WIDDWED	NEVER MARRIED DIVORCED		DATE OF BIRTH		lost birthdoy) Me	UNDER 1 Y	YEAR OF UNDER 24 HRS. Days Hours Min.		
1Da. USU	JAL OCCUPATION	Negro		OF BUSINESS OR		6 Sept. 19		32 yrs.	12 CITI7	EN OF WHAT		
during m	nost of working	life, even if retired)		JSTRY			or rororgii tot	,		ITRY?		
13. FATI	HER'S NAME				· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN	NAME		V			
1S. WA (Yes, no.	(S DECEASED EVE), or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. SC	CIAL SECURITY NO.	17. 11	IFORMANT		Address				
18.		EATH (Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (Acr		lato	ry collaps	e and	pulmonar	na	INTERVAL BETWEEN ONSET AND DEATH		
Con	o 500 nditions, if ony	DUE 1	10	morrhage	fro	m incomple	te abo	ortion.		40 hrs.		
	to immediating the unde	rlying couse DUE										
PAR	RT II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELA	ATED TO TI	HE TERMINAL DISEASE (O	NDITIDN GIVEN	IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO		
PRI CAL	D. EXTERNAL CA IMARY [] or CO USE OF DEATH.		20b. DESC	RIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Port	II of item 18.)		*		
MEDICAL 30c	TIME OF INJU Hour o.r p.r	10	2Dd. INJU While ot work	Not While		OF INJURY (Home, forr ry, street, office bldg., etc.		(City or town)	(Count	ty) (State)		
	21. I certif	y that I took charge	of the remo	ins described ob	ove, hel-	d on Autopsy 🔽	Inspectio	n , Inquiry	F.	ond in my opinion		
	deoth result		cooses 🔀			de 🔲, Homicide		determined monn	er 🗌			
	TUAL	Ash	- /Y	olon	-	CHIEF MEDICAL ASSISTANT MED		• 🗆		22. DATE SIGNED		
EXA	AMINER'S IME (Type)	John K	ehoe, M	.D.,		_111.0.	AL EXAMINER		. 1	3-12-66		
	JRIAL, CREMATIC MOVAL (Specify	1 1 1 1	-CC	23c. NAME OF CEME	TERY OR C	En ralio	A3d toc	ATION (City or Toyin)	mi.	ounty) (Store)		
24. FUI	NERAL DIRECTO	Baco	117	ADDRESS 7	Bel.	250. REC	BY REGISTRA	1968 25b. #EGISTI	RAR'S SIG	NATHRE		

FOR ST HEALTH

04246 in pencil in Item 18. Give Pages 1, 2, and 3 to along with farm PM3. Page Land 2 with the State Department of Health or its designated agent, prior ta burial, cremation, ar remaval, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04238

MARYLAND STATE DEPARTMENT OF HEALTH

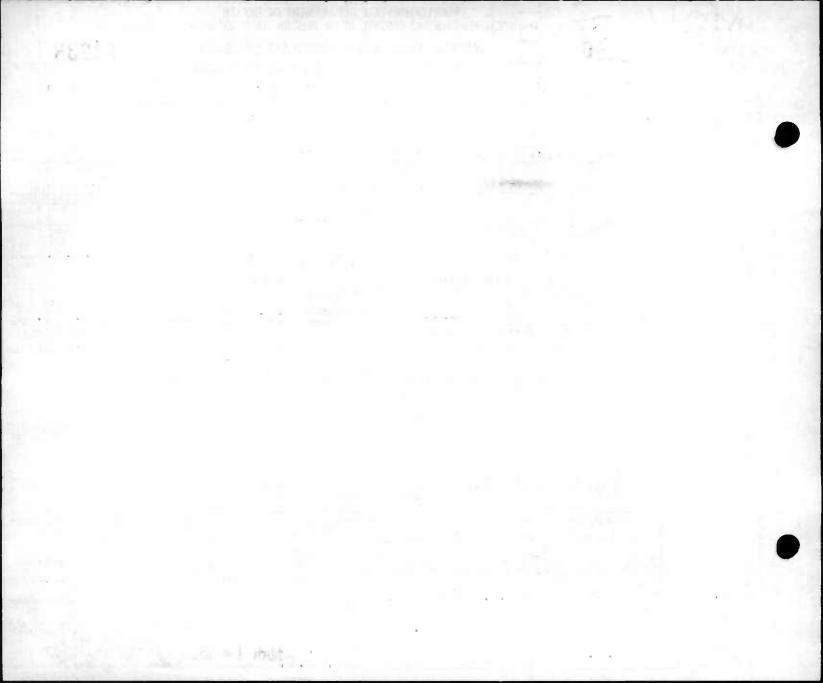
	PLACE OF DEATH			here deceased lived, if		e before odmissio	n)	
	o. County Prince George's	MARYLAND	o Maryland	ŀ	Prince	George's		
	b. CITY OR TOWN (If outside carporate limits	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give nearest town)	DOA	Forestvi	16-1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	itol, give street address)	d. STREET ADDRESS			e. IS RESID ON A FA	ENCE RM2	
	Prince George's Genera	al Hospital	8375 Leor	na Street			NO 🔀	
	NAME OF First	Middle	Lost	4. DATE OF	Month	Doy Yes	ır	
	DECEASED (Type or print) Caroline		Mc Gowan	DEATH	3	7 196		
S.	SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y		YEAR IF UNDER	24 HRS.	
	female white WIDON		8-14-88	77	yrs.		.,,,,,,	
	b. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)		IZEN OF WHAT JNTRY?		
	Homemaker		Ontario	Canada		U.S.A.		
	FATHER'S NAME							
	Edward Morley Terry		Charlotte	e Jare Pu				
1S.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give war ar dates of service)		INFORMANT	36 0	Address L E	astern	Land	
	no	An	drew B.I.	McGowan	Suitla	nd, Md		
	18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	1 11 1 11 - 111				INTERVAL BET QNSET AND D	WEEN	
	IMMEDIATE CAUSE (o)	Heart Failure				minutes	LAIII	
	4200 DUE TO							
	rise to immediate couse (a)	rteriosclerotic	Heart Diseas	se		unlmown		
	stoting the underlying couse DUE TO							
	last. (c)							
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART	(0)	19. WAS AUTO PERFORMI		
A S						YES 🗌	NO X	
MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS 20 PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Port II of item	1B.)			
IS			CE OF INJURY (Home, form,		wn) (Cou	nty) (:	Stote)	
WEL		While Not While foot	tory, street, office bldg., etc.)					
	21. I certify that I taok charge af the		ld an Autapsy 🗍,	Inspection X,	Inquiry X	and in my	opinion	
	death resulted fram: Natural cause	s/ 🔀 , Accident 🔲 , Suid	ide, Homicide		ed manner			
	Art 1		CHIEF MEDICAL	EXAMINER				
	ACTUAL SIGNATURE	levy	M.D. ASSISTANT MEDI	CAL EXAMINER		22. DATE		
	EXAMINER'S			L EXAMINER		3-8-	66	
		Riverdale, Mary						
230	b. BURIAL CREMATION, 23b. DATE THEREOF SEMOVAL (Specify) 3/10/66	23c. NAME OF CEMETERY OR		23d. LOCATION (City			tote)	
							T MA	
-		Ft. Lincol					y-g it U	
	4. FUNERAL DIRECTOR The S.H. Hines Compa	ADDRESS - 1	St. 250 REC'D	BY. REGISTRAR- 2		GNATURE	<u>y-9 11 U</u>	

VR A15ME (5)

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as o burial-transit permit. File pages the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's

0

necessary, please execute the certificate, writing the ward "pending"



rage 4 may be retained by the hospital of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ()4239

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
e. COUNTY Prince George MARYLAND	a. STATE Maryland b. COUNTY Prince George						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)						
Cheverly	Hyattsville /6-/						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
Prince George County Hospital	8423 Carrollton Parkway YES NO M						
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) ANNE R. Mc	VEIGH DEATH Mar. 9 19 66						
7. MARKIED METER MARKIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Hours Min. Min. Hours Min. Ho						
	Jan 22, 1092 74 yrs. 1 11						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Housewife Home	Ohio U.S.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William Rusk	Serepta Beckwith						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Son						
No DO NO UN PESSITE WAR OF BALES OF SERVICE ON KNOWN DO	nald R. McVeigh Same as Item 2.						
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: COLONAry CC	chesegn						
420/ DUE TO 1/ · 0							
[Conditions, If eny, which] (b) Arterio 3 clere	asis						
gave rise to immediate (
cause (a), stating the DUE IU underlying cause last. (c)							
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
ICATI	PERFORMED? YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCU BY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m. While - Not While - facto	ry, street, office bidg., etc.)						
p.m. 19 at work at work							
21. I certify that (I) (this hospital) attended the deceased from							
	death occurred atM, from the causes and on the date stated above.						
22a. SIGNATURE	ATTENDING MED STAFE 22b. DATE SIGNED						
allifor 1. Brooks M.D							
22c. PHYSICIAN'S NAME (Type) Clifton B Brooks M D	22d. ADDRESS bago Rd, Bethesda, Maryland						
NAME (Type) Clifton R. Brooks, M.D.	1323 320040 1 20034						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY							
Burial-transit 3-10-66 Greenwood	Cemetery Wheeling, West Virginia_						
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
ROBERT A. PUMPHREY Bethesda, Mary	land DAHAR 14 1966 Clearles Judge						
	THE TOO IT IN THE THE						

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Crince Scores County Scapidal 8422 Sargellton Parkety of

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Clutton B. Brooks, M.D. V. Both S one of the Market

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Dark Level Dashead Charles A Mark A Mark

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please be nove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

It	ems 20%2		MAR		PARTMENT OF HE		E 4 MADYLAND				
	0424	STATISTIC	AL KESE		S, 301 W. PRESTON ST E OF DEATH	REEI, BALIIMUR	04241				
1.	PLACE DF DEATH	George's		MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm a. STATE b. COUNTY						
	b. CITY OR TOW	N (if outside corporat and give nearest tow	te limits, n)	c. LENGTH OF STAY IN 1b			e RURAL and give nearest town)				
	d. NAME OF HOS	PITAL OR INSTITUTIO		ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO				
3.	NAME OF DECEASED (Type or print)	George's (rst	Middle		DATE Month DF DEATH Marc	Day Year				
5.	sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH Dec. 1, 1901						
du	ing most of worki	ION (Give kind of working life, even if retired	done 10b. K	IND OF BUSINESS OR NDUSTRY None	Washington	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13	Housewi Father's NAM Willia	m Francis	Berr		14. MOTHER'S MAIDEN NA	ME					
(Y	. WAS DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO. 17.	chel J. Bell	Address	3rd Pky.H.H.Mo				
	PART I. DE 42 Conditions, If	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE DUE any, which }	(a)	pe for (a), (b), and (c).] Nongethice whendocard	feart Failer	e due to	INTERVAL BETWEEN ONSET AND DEATH				
7	gave rise to cause (a), st underlying caus	ating the DUE	(c)	Enterior de	The Heart	Diene					
CERTIFICATION	1,5,000				ATED TO THE TERMINAL DISEAS		YES NO				
		WAS UNDERLYING D NG D CAUSE OF DEA IFY MEDICAL EXAMII	TH Inju		JRRED. (Enter nature of Injury ASE 15 NOT tra n-Ischemia in i CE OF INJURY (Home, farm,)						
MEDICAL	20c. TIME OF I Hour a.m p.n			NJURY OCCURRED 20e. PLA facto k at work	CE OF INJURY (Home, farm, iry, street, office bldg., etc.)	20f. (City or town)	(County) (State)				
	21. I certify that (IX (this hospital) attended the deceased from January 12 19 66, to March 31, 19 66, that \$\foatilde{\pi}\$ (we) last saw the deceased alive on March 31 1966, and that death occurred at1:15 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S 1 22d. ADDRESS										
238		ATION, 23b. DATE		aredes Manlapa	z Prince George	d. LOCATION (City, tow	sp. Cheverly Md.				
	REMOVAL (Spe Burial FUNERAL DIRE	4-4-6	6			Suitland REGISTRAR 25b. REG					
I	ee Fune	eral Home	300 4	th St.N.E.Wa	ash. Dogop 6	1966 gel	only Indee				

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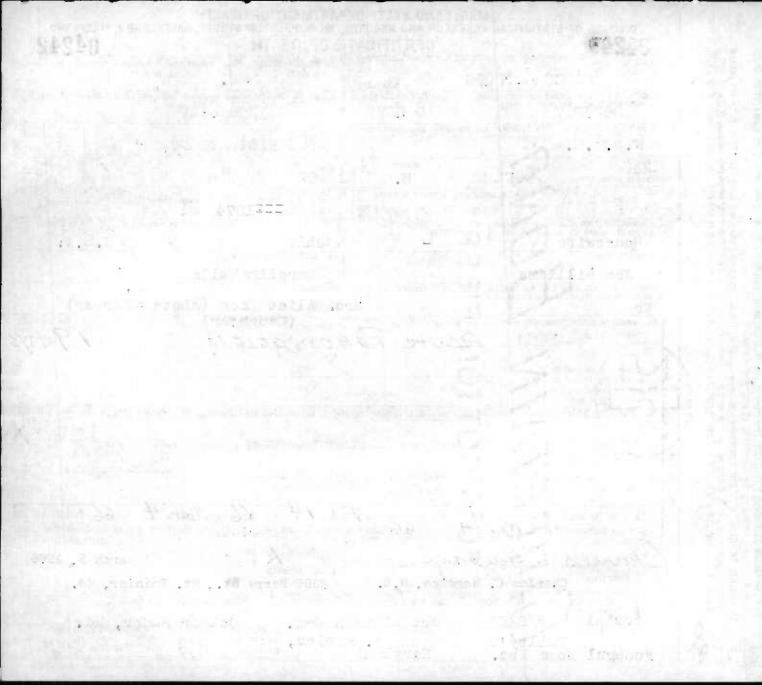
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN	MORE 1, MARYLAND
2942	CERTIFICATE OF DEATH	0191

04249	CERTIFICAT	E OF DEATH	04242
a. COUNTY Prince Georges	MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUI Cottage City	RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS 3703 41st Avenue	e. IS RESIDENCE ON A FARM? YES ND
3. NAME DF First DECEASED (Type or print) Cora	Middle B. M	iller 4. DATE Month	Day Year 4 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED WIOOWED	Ojvorceo 🔀	11/9/==1874 last birthday) Month	DER 1 YEAR IF UNDER 24 HRS. IS Oays Hours Min.
during most of working life, even if retired) m Housewife	NDUSTRY	Ohio	COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Job Williams		Caroline Wells	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (If yes give war or dates of service)		INFDRMANT Address	
No	Mr	s. Alice Moon (above add	
18. CAUSE DF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]	(Daughter)	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute Par	1creatitis	19 9945
5870 OUE TO			
Cenditions, If any, which) (b)			
gave rise to immediate (cause (a), stating the OUE TD			
underlying cause last. (c)			
	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMEO? YES NO
	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item	18.)
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at wor	Not While facto	CE OF INJURY (Home, farm, 20f. (City or town) (ry, street, office bidg., etc.)	County) (State)
21. I certify that (I) (this hospital) attend	ed the deceased from 72	26: 14 , 1966, to Mar. 4 , 19	that (I) (we) last
saw the deceased alive on Man, 4		death occurred at . M, from the causes and o	
224 SIGNATURE		1 nob	OATE SIGNEO
1 harles C. Hage	192 M.C	ATTENDING MED. STAFF MED. PHYS. Ma	rch 5, 1966
NAME (Type) Charles C. Hag	geage, M.D.	22d. ADDRESS 3308 Perry St., Mt. Rainie	
23a. BURIAL, CREMATIDN, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LDCATION (City, town or	county) (State)
Burial 3/8/66	Fort Lincol	n Cem. Colmar Manor.	Md.
24. FUNERAL DIRECTOR	ADORESS	25a. REC'D BY REGISTRAR 25b. REGISTA	AR'S SIGNATURE
Nalley's Funeral Home Inc.	Maryland	CATELAR 9 1968 fla	rles Judge



PM3. Page delay is in pencil in Item 18. Give Poges 1, 2, and 3 to 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages formal with the State Department of within 72 hours ofter death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If Health or its designoted agent, prior to buriol, cremotion, or removal, ond in a necessory, please execute the certificate, writing the word "pending"

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0425	0	M	EDIC	AL EXAM	INER'S	CERTIFICA	ATE OF	DEATH			04	243	3	
1.	PLACE OF DEATH						2. USUAL RES	IDENCE (WI	nere deceosed live	ed, if instituti	on: Residenc	e before	odmissio	n)	
	o. COUNTY Prince	George's			M	ARYLAND	o. STATE B. COUNTY Prince G						eorge's		
	b. CITY OR TOWN (If autside carparate timi d give nearest tawn)	s,	C.	LENGTH OF STA	Y IN 1b	CCITY OR TO	WN (If outs	ide carparate lim	its, write RUR	AL ond give	nearest	tawn)	1.	
1	Chever				seven d	ays	Humon	ttsvi	lle P.	0.		16	- /		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspi	ral, give	street address)		d. STREET ADD		03 Deca		St.	(ON A FA	ENCE	
	Prince	George's G	enera	al He	ospital		1482		nønst/on/		, , ,		TES	NO X	
3.	NAME OF	F	rst		Middle		Lost		4. DATE	Manti	h	Day	Yeo		
	(Type or print)	Rober	t		Lee		Mille	r	OF DEATH	3		26	19 (66	
S.	SEX	6. COLOR OR RACE	7. MARR	IED X	NEVER MARK	RIED	B. DATE OF BIRT	Н	9. AGE	(In years	IF UNDER 1	YEAR	IF UNDER	24 HRS.	
	male	white	WIDOV	/ED	DIVOR	CED 🗍	11-3-2	9	36	birthday)	Months	Days	Hours	Min.	
1Do	. USUAL OCCUPATION	(Give kind of work done	10		OF BUSINESS OR	-			r foreign country)		12. CITI	IZEN OF	WHAT	1	
du	ring most of working Pain	life, even if retired)	B	INDUST uild	RY Line		Pro Ge	eo Co	Md.		မျှော	JINSRY A			
_	FATHER'S NAME				THIS .		14. MOTHER'S	MAIDEN NA	ME						
		James C. M	ille	r			Jul	ia Mc	Kenney	7					
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		16. SOCI	AL SECURITY NO). 17. 1	NFORMANT			Addre	SS				
(Y	es, na, ar unknown)	(If yes give war ar dates	at service)	215	26 303	35	Catheri	ine M	Smith	Wallol	lywoo	d F	lori	ida	
		ATH (Enter only ane ca	se per line	for (a),	(b), and (c).)	1							RVAL BET		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Subdural Hematoma							ONS	ONSET AND DEATH						
	8/24 DUE TO														
	Canditions, if any,		(b)	Mul	tiple S	kull F	racture	S							
	rise to immediate couse (o), stating the underlying cause DUE TO														
	lost. (c)														
	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTI	NG TO D	EATH BUT NOT I	RELATED TO 1	HE TERMINAL DI	SEASE COND	ITION GIVEN IN F	ART I(o)		19.	WAS AUTO	PSY	
MEDICAL CERTIFICATION													PERFORMI S IX	NO T	
E	2Da. EXTERNAL CA	USE WAS	201	. DESCRI	BE HOW INJURY	OCCURRED.	Enter nature of	injury in Po	rt I ar Part 11 af	item 18.)			- 67		
ER	PRIMARY X or COI CAUSE OF DEATH.	NTRIBUTING					by car			,					
롱		IRY Manth Day Year	20	d INILIR	Y OCCURRED	20e PLAC	F OF INTERY (He	ame form	2Df. (City	or town)	(Cour	ntv)	Ī.	Stote)	
MED	Haur a.n	Hour a.m. While Not While Try factory, street, office bldg, etc.)													
12	11:45pm p.n	y that I taok charg													
	death result		al causes						Inspection [-	iry 🟋,	ana	in my	opinior	
	death result	ed from: Natur	al causes	١.	Accident [XI// SUIC	homes of	omicide {		rmined mo	inner []				
	ACTUAL											SIGNED			
	SIGNATURE	- UP						75	EXAMINER A	,			3-27-	-66	
	EXAMINER'S NAME (Type) O	n Kence M.	D., F	live	rdale,	Marvla			city, tawn, or cou	nty)					
230	D. BURIAL, CREMATIC				3c. NAME OF CE				23d. LOCATION		vn) ((County)	(51	tate)	
	REMOVAL (Specify)	Mar 30	. 196	36	Ft. Li	ncoln	Cemete	rv	Colma			. ,,	,-	,	
24	4. FUNERAL DIRECTO	R			ADDRESS				BY REGISTRAR	2Sb. REC	GISTRAR'S SIG	GNATUR	E		
	F. Gasc	h's Sons	Hya	tsv	ille,	Md.	1	ATE BAA	0 0 0 40	100 0	vriv.	N. 1	ři a		

VR A15ME (5)

ALTERNATIONS NOTICE OF A STATE OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and templetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET. STOFFT RAITIMODE

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	0340	ž.		CERTIFICAT	E OF DEATH		04244	
1.	PLACE OF DEATH					(Where deceased lived, If institution	n: Residence before admission)	
	11.	ICE GE	ORGES	MARYLAND	a. STATE	and BINCE	George's	
	b. CITY OR TOWN			1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN IF	outside corporate limits, write RU		
	write RURAL	and give nearest	town)		0 .		// /	
-			UTION (if not in h	ospital, give street address)	d. STREET ADDRESS		l e. IS RESIDENCE	
	11					un Esa lans	ON A FARM?	
		OLIA (IARDEM	15	12231 0	HAFER LANE	YES NO	
3.	NAME DF DECEASED	~	First	Middle	Last	4. DATE Month	Day Year	
	(Type or print)		THEL	M	MIRE	DEATH 3	8 1966	
5.	SEX	6. COLOR OR RA	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.	
	Female	White	WIDOWED	DIVORCED	8-27-94	Mont	hs Days Hours Min.	
108	. USUAL OCCUPAT	ON (Give kind of w	vork done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (COL	inty & State, or foreign country) 12	2. CITIZEN OF WHAT	
	ing most of works	4	tired)	NDUSTRY	Richmo	MA - Meninin	COUNTRY?	
13.		Junes	20	of restaure of	1 14. MOTHER'S MAIDE			
	7	~						
16	. WAS DECEASED E	VER INVIS ARME	MEODOLES 16	SOCIAL SECURITY NO. 17.	Unharor	m ddina		
(Ye	es, no, or unkown)			SUCIAL SECURITY NO. 17.	INFORMANT	Address	10 00	
	No			SP.	by E. Peac	6 Science co # 2	(daughter)	
				Ine for (a), (b), and (c).]	0	n	INTERVAL BETWEEN ONSET AND, DEATH	
	PART I. DE	ATH WAS CAUSED IMMEDIATE CA	USE (a)	Cerebra	(Heman	Vi-ego	Lewtour	
	33/X DUE TO							
	Conditions, If		(b)	H 2/201	ensin		570	
	gave rise to		DUE TO		// /	Date of the second second		
	cause (a), st underlying cause	ating the	(c) a	Teriosci	cerosis		10 years.	
NO	-			UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY	
ATI							PERFORMED?	
FIC	20a ACCIDENT	WAS TIMBEDI VING	C C I anh	DECORIES HOW IN HIRV COOL	IDDED (Cates potume of	labour in Dank I av Dark II of Itam	YES NO	
CERTIFICATION	OR CONTRIBUTION	WAS UNDERLYING NG □ CAUSE OF IFY MEDICAL EX	G 20b. I DEATH	DESCRIBE HOW INJURY OCCI	JKKED. (Enter nature or	injury in Part I or Part II of Item	1 18.)	
CA		NJURY Month, D		facto	CE OF INJURY (Home, far ory, street, office bldg., etc		(County) (State)	
MEDICAL	Hour a.m		19 While	my Not while	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	21 certify	that (I) (this I	hospital) attend	ed the deceased from	7- ? - 19	66, to 3-8, 1	966 that (I) (we) last	
		eased alive on.	12 bake			M. from the causes and o		
	22a. SIGNATUR		7	106 Asi, and the		/ 22b		
	1	Orner	, h. C	Jemal M.	ATTENDING M	ED. STAFF STAFF	-8-66	
	22c. PHYSICIAI		101	-1	22d. ADDRESS	INCOTOR PINTS.	4/1/1	
	NAME (Ty	pe) Louis	MO:	TIMAL	5705 Zam	with, Hall	will, lesof	
23a			TE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	1 23d. LOCATION (City, town or	county) (State)	
	Burial (Spe	olfu)	1/66	Ft. Lincoln		Colmar Manor		
	. FUNERAL DIREC		,,,,,	ADDRESS		D BY REGISTRAR 25b. REGISTI		

5 (4) 1/65 A15

Francis Gasch's Sons Hyattsville, Md.

Milarles Judge DATMAR 10 1966

1424 MARKETHAN GARAGE TRANSPASSION SALLANE Fame L. Hills ... Hills ... A. B. E. T. A. B. E. we are towards A + was fixed the times the whole " min or other than YA SAN William Dr. Lincoln Dr.

P.M.3. Page 0 ond 3 to death. delay Deportment ofter e Stote Del 72 hours pencil in Item 18. Give Pages 1, olong with form This certificate should be executed within 24 hours after death. the within event Office any word "pending" in pencil in the Chief Medicol Examiner's poges .⊑ File puo permit. removal **burial-transit** 0 the certificate, writing the word 4 should be forwarded to the Ch cremotion, O burial, prior to be 3 should

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MAGAE

MEDICAL EXAMINER'S

MARYLAND

2	CENTITICATE	OI L	LAIII		U	X	49.
	2. USUAL RESIDENC o. STATE	E (Where	deceosed	lived, if institution: b. COUNTY Halifa		before	odmission)

b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly DOA Scottsburg d. STREET ADDRESS

Middle

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

First

Prince George

Prince George General Hospital

Rt. 2. Box 137

Month

Address

YES X NO Doy Year 66 19

INTERVAL BETWEEN

ONSET AND DEATH

Minutes

days

e. IS RESIDENCE ON A FARM?

Thomas Mitchell (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 50 NEVER MARRIED lost birthdoy) Months Hours DIVORCED Negro 8 Aug., 1919 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY Scotsburgh. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME

Lost

Tom Mitchell

1. PLACE OF DEATH o COUNTY

3. NAME OF

DECEASED

Rebecca Mitchell

4 DATE

0F

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service

PART I. DEATH WAS CAUSED BY:	SE (a) Acute pulmonary edema
4201 D	UE TO
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause	(b) Myocardial infarction UE TO

lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)

Occlusion of coronary artery

19. WAS AUTOPS) PERFORMED? YES X

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m While Not While ot work ot work

18 CALISE OF DEATH (Enter only one couse per line for (a) (b) and (c)

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

(City or town)

Undetermined manner

(City or Town)

Inspection [3]

(County) (Stote)

NO

21. I certify that I taak charge of the remains described above, held an Autopsy 3. death resulted fram: Natural causes X Suicide ACTUAL

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED

and in my apinian

SIGNATURE **EXAMINER'S** NAME (Type)

20o. EXTERNAL CAUSE WAS

CAUSE OF DEATH.

PRIMARY Or CONTRIBUTING

CERTIFICATION

MEDICAL

Riverdale

Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY

Hamicide

3-20-66

BUPIAL CREMATION REMOVAL (Specify)

SUNERAL DIRECTOR

23b. DATE THEREOF

2So. REC' BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

Inquiry [X],

VR A15ME (5) 6M 1/66

0

Heolth or its designoted ogent,

may be retoined for your FUNERAL DIRECTOR: Poge

Page

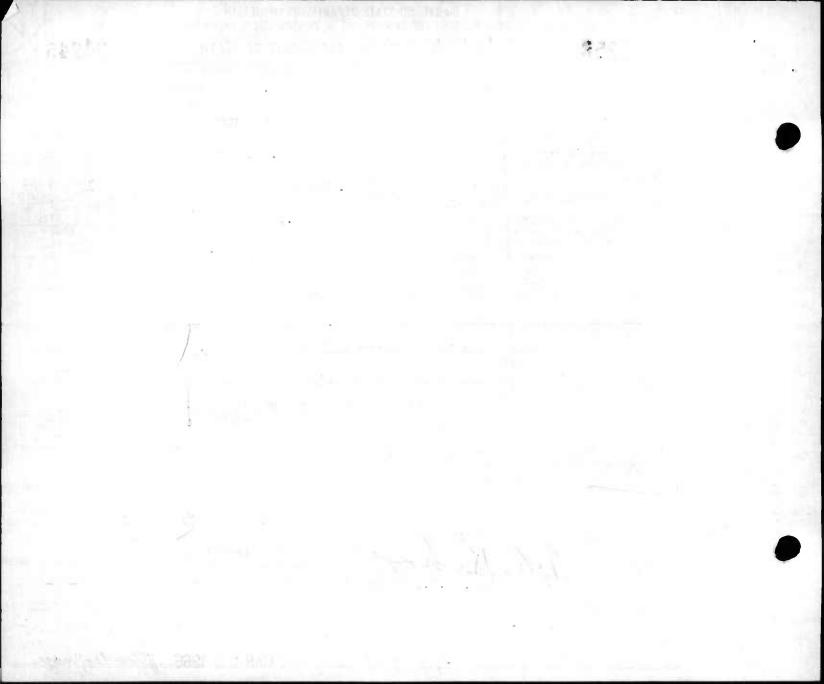
the funeral director.

pleose execute

L'AL EXAMINER:

DEPUTY

(County)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

	1000	3		OLIVIII	IUATI	L OF DEATE	1			1102	KLI	
	PLACE OF DEATH a. COUNTY Prince	H George's		MAR	YLAND	2. USUAL RESIDEN a. STATE	CE (Where		ed, If institu b. COUNTY			lmission)
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STA	AY IN 1b	C. CITY OR TOWN (II	outside	corporate I	Imits, write			t town)
	Cheverl	V		12 days		Washin	LEON.	-Dr-C	. Upper	Marlt		
		SPITAL OR INSTITUTION			address)	d. STREET ADDRESS		Pi	ke		e. IS RES	IDENCE ARM?
_		George's Ge				7750 M				E.	YES 🗌	NO X
	NAME DF DECEASED (Type or print)	F	rst Loyd	Middle		Last Moats	4. DA DF DE		Month	Da 3		66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED E	B. DATE OF BIRTH		9. AGE (I	n years IF (rthday) Mo	UNDER 1 YEA		24 HRS.
	Male	white	WIDOWED			Aug. 15, 19	900	65	yrs.	onths Days	Hours	Min.
duri Em	usual occupating most of working plyd Car	10N (Give kind of work ing life, even If retire penter's H	done 10b. K d) I elper (IND OF BUSINESS ON BUSINESS OF		11. BIRTHPLACE (C		tate, or foreig	n country)	12. CITIZEN COUNTR	Y?	
	FATHER'S NAM					14. MOTHER'S MAIL		E		00.00		
	Unknown				100	Unknown						
(Yes	WAS DECEASED E , no, or unkown) NK NOWN	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)	SOCIAL SECURITY N		INFORMANT C. Duley-	Box	3300 r Mar	Address	ма		
		DEATH [Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Co	ine for (a), (b), and		art Fact	lin	- Mar	200103	1 INT	ERVAL BET SET AND D	
	Conditions, If a gave rise to cause (a), st	Immediate ((b) Ca	rancy (Cea	tery Des	ence	2				-
2	underlying caus		(c) 1	et thou								
ICA			pad	eumonet.	7-5	TED TO THE TERMINAL (Y	PERFORI	TOPSY MED? NO
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJU	JRY OCCUI	RRED. (Enter nature of	Injury Ir	Part I or I	Part II of It	em 18.)		
MEDICAL	Hour a.m	1. 19	While at work	Not While at work	factor	E OF INJURY (Home, fa y, street, office bldg., e	tc.)	. (City or		(County)		tate)
	saw the dec	eased alive on	ital) attende March	ed the deceased to 31 19 66,	fromM and that	death occurred all	9 66, L:55 _M ,	to Mar	causes and	19 <u>66</u> , t	hat :x (I) (w te stated	e) last above.
	22a. SIGNATUR	Eduin	1 Je	usen	M.D.	ATTENDING -	MED. PM	STAI	FF 22	2b. DATE S		
	22c. PHYSICIA NAME (Ty	ne) en a	J. Ven	sen, M.D.		22d. ADDRESS Frince Geor	rge's					
	BURIAL, CREMA REMOVAL (Spe UT121			Washingt		or crematory			(City, town		(Sta	ate)
	FUNERAL DIREC	1 .4 .4	1.774	ADDRESS	210					STRAR'S SIGN		
R	itchie B	ros. Upper	Marlbo	oro, Md.		DATEPR	13	1966	Title	more to	udel	

VR AI5 (4) 20M I/65 To the week of the second of t

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 114246

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where deceased		tesidence before admission)
a. COUNTY Prince Ge		MARYLAND	a. STATE	Maryland	b. COUNFrinc	ce Georges
b. CITY OR TOWN (if outside of write RURAL and give near	corporate limits,	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(if outside corporate	imits, write RURAL	and give nearest town)
Cheverly	ust tominy	9 days		Hyattsvill	e KENT L	/ILLAG-E
d. NAME OF HOSPITAL OR INS	TITUTION (if not in ho:	spital, give street addres	s) d. STREET ADDRES	SS	16 -	/ O. IS RESIDENCE
Prince George	sGeneral Ho	spital		2739 74th	Ave.	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	Frank	PARRY	Moore	OEATH	March	6 1966
5. SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(in years IFUNDER birthday) Months	1 YEAR IF UNDER 24 HRS.
Male White	WIDOWED	DIVORCED	30 Mar.,	1910 5	5. yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even I	of work done 10b. Kif	ND OF BUSINESS OR	11. BIRTHPLACE	(County & State, or for	reign country) 12. CI	ITIZEN OF WHAT
Bus Operator		TRANSIT CO	1/1	RGINIA	CC	OUNTRY?
13. FATHER'S NAME	1 8 7 1 0	INAMSII CO	14. MOTHER'S MA			V
FRANK P.	MOURE		IOLA	POLLA	RD	
15. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. S	OCIAL SECURITY NO. 17	7. INFORMANT	Alacar	Address	- Ha
NO	57	0100014	-RANCES A	MOUNE	SAME A	15 1-2
18. CAUSE OF DEATH [Enter		e for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAU	SED BY:	enAtic Co	MA			OHOET AND DETIN
5810	DUE TO	1	1			
Cenditions, If any, which \	(b)	PRINCE 121	oH livel			
gave rise to immediate	DUE TO	10101111	1. 6.			
cause (a), stating the underlying cause last.						
	(c) ONDITIONS CONTRIBUT	LING TO DEATH BUT NOT RE	LATED TO THE TERMINA	L DISEASE CONDITIO	N GIVEN IN PART 1(a)	119. WAS AUTOPSY
ATI		THE TOTAL CONTROL OF THE TOTAL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
20a. ACCIDENT WAS UNDERLY	VINC TI L 205 DO	ESCRIBE HOW INJURY OC	OUDDED (Enter neture	of Inlume In Don't Le	ne Dort II of Itam 19	YES NO
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	SCRIBE HOW INJURY OF	CORRED. (Enter nature	or injury in Part 1 c	ir Part II of Item 16.	
20c. TIME OF INJURY Month Hour a.m., p.m.	n, Day, Year 20d. IN	JURY OCCURRED 20e. P	LACE OF INJURY (Home	farm, 20f. (City	or town) (Cou	inty) (State)
Hour a.m.	19 While at work	- NOT WHILE -	ctory, street, office bldg.	., etc.)		
			225	1966, to	-6 196	L. that (I) (we) tast
21. I certify that (I) (th	10 1-		1		, 15	he date stated above.
saw the deceased alive	011	, and to	nat death occurred a	O O O O ONLY ITOILI EL		ATE SIGNED
220. SIGNATORY	10-17		ATTENDING -	MED. S	TAFF 7	6-66
22c. PHYSICIAN'S	Rela		A.D. PHYS. LA		HYS.	
	ren Dikit	TZ	HYATT	SVILLE,	MARYLAN	0
23a. BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATIO	ON (City, town or pou	unty) (State)
REMOVAL (Specify)	1AR 1966	FT. LINCOLI	VCEM	BLADEN	USBURG, N	ARYLAND
24. FUNERAL DIRECTOR	0 0	ADDRESS /		REC'D BY REGISTRAR		
W.W. Chami	, ers 60 1	Univerdal,	19114 DATE	AR 8 195	& gcliant	en Judai
		9	DATE	100	T //	1

VR A AI5 (4) M 1/65

Triffice Georges

2759 74th Ave. s

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14247

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
PRINCE GEORGES MARYLAND	a. STATE MARYLAND b. COUNTY PRINCE	E GEORGE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
CLINTON 3 WKS	BRANDY WINE	16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
SO, MD. HOSP. CENTER	99 BRANDYWINE ItEr.	YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) FOWARD FRANKLIN	MORSE DEATH 3	1 1966
	B. DATE OF BIRTH 9. AGE (In years IF UNDER I	
MALE WHITE WIDOWED A DIVORCED	2-18- 79 last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
NEWSPAPER DISTRIBUTOR NEWSPAPER		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
EDWARD J. MORSE	HANNAH LEWIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	16 BROWN
	UISE M. HIGGINS - 99 BRANDININ	A HOTS NOW,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CONG	RESTIVE FAILURE	3 HR5
157X DUE TO		
Cenditions, If any, which (b) GENERAWIZER	CHRCINDHATOSO 5	1 MONTH
gave rise to Immediate Cause (a), stating the DUE TO	- andancus	- 4.41/2/-
underlying cause last. (c) CARCINOVIA	HEAD OF PANCREAS	J. 1404142
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		19. WAS AUTOPSY PERFORMED?
E CHRONIC PYELONEPHRITIS WITH L		YES NO Z
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTICE MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE Factor white at work at wo	CE Of INJURY (Home, farm, 20f. (City or town) (Cour	ity) (State)
Hour a.m. White Hot work at work	mone	
21. I certify that (I) (this hospital) attended the deceased from	SEPT 1961 to PRESEMOT	_, that (I) (we) last
	death occurred at PM, from the causes and on th	
22a. SIGNATURE	1 00h DA	TE SIGNED
attens diave non.		1/66
22C. PHYSICIAN'S NAME (TYPE) RYHUR SHAVER TR	22d. ADDRESS S564 BRANCH AVE, - C	WINTON, MI
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		nty) (State)
REMOVAL (Specify) March 3-1966 Cedar Hill Cen	netery Suitland,	Maryland.
24. FUNERAL DIRECTOR BLOS, ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	0 .
Simmons Bros. 1661- Gd. Hone Road SE. Wast	hand MAR 3 1966 Acharles	Judge.

VR AIS (4) 20M 1/65

THE CONCLETE SHARESTANDS FILES CONTRACT OF CHRISTALITED CHECKENDOWNESS - 1 PROBLEM CARCINGUES - SPECIAL SE CPER de MUNICIPAL HIGHE PYELLARINGTIS WITH LICENIA 19143 The same of the same A de lanoit milles RESTRICT SHAPER TRE STRY RACHWER AVE - CLEVITHE . In farm a state of the state The fact of the party of the party of the land District the break part 50 - Del and the Miles

xecuted within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION 04256

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. COUNTY	esidence before admission)
PRINCE GEORGES MARYLAND		ICE GEORGE
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
RIVERDALE 2 MOLITHS	COLLEGE PARK	16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
EUGENE LELAND MEMORIAL HOSPITAL	7309 HOPKINS AUE	YES NO NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) BENJAMIN MC	OSKOWITZ DEATH MARCH	2 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS. Days Hours Min.
MALE CAUCASION WIDOWED DIVORCED	5-15-1890 175 yrs.	
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT UNTRY?
Furrier Self		S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0. 11.
unknown Moskowitz	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Iospital Records	
	TOSPITAL LEGGGLAD	INTERVAL RETRIEFA
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	the a = = = 11 13 15	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: CONGESTIVE	HEART FAILURE	2 WKS
4331 DUE TO 4 TP/A/ F	1 BRILLATION	UNKNOWN
Conditions, If any, which gave rise to immediate (b)	TORCEPTION	- 10.000
course (a) stating the DUE TO		UNKNOWN
underlying cause last. (c)	5RIDSCLEROSIS	ONCHOON
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
DIABETES MELLITUS	G-1 BLEEDING	YES X NO
20a, ACCIDENT WAS UNDERLYING TI 20b, DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
White Wor white	ory, street, office bidg., etc.)	
	10.11 12 2 111054 1	/
21. I certify that (I) (this hospital) attended the deceased from	10-4, 1962, to 2 MARCH, 196	, that (I) (we) last
	t death occurred at 5 3 M, from the causes and on the	
22a. SIGNATURE		ARCH 1966
M.E.	D. PHIS. DIRECTOR PHIS.	MICH 1706
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
1,779		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OKOEMEXEN	KOR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
Cremation 3/3/66 Ft. Lincoln	Colmar Manor,	Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR"	
Emprois Conchis Control 11	DATE AR 7 1968 Acharle	as Judal
Francis Gasch's Sons Hyattsville, Md.	DATE	VA 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AI5 20M 1 1/65 \$550 Sa #5

La de la companya de

Commercial telescope

 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04249

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission
PRINCE GEORGE MARYLAND	. STATE VIRGINIA b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL and give neerest town)	
YRS.	ARLINGTON 13-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
CARROLL MANOR 4922 LA SALLE RD.	133 S. Pershing DRIVE YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
(Type or print) Cecilia C, Miss	MUNT2 DEATH MARCH 25 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
P WIDOWED DIVORCED	Ja No 1 - 1878 Syrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	George Town V.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas MUNTZ	MARY LYSTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address CARROLL MANG
(Yes, no, or unkown) (Ifyesgive werordetes of service)	Agnes 4922 RASALLE RD. Hyrts.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	2 story
493 X DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), stating the underlying cause last,	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
E Cerebral throwlowing rocke left of	Remislagin ? West Times They Crease PERFORMED?
5 Seneralized Certinionalikonia	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. P.m. While Not While at work et work	ny, meen, unite urugi, etc./
	august 1948, to march 24, 1966 that (1) (we) la
the deceased slive as 200 4 23 10 is	inal (1) (we) la
	death occurred at 415 M om the causes and on the date stated above
22a. SIGNATURE F. C. C.	ATTENDING HED STAFF M
	D. PHYS. DIRECTOR PHYS. MARCH 25 1966
122c. PHISICIAN'S	22d. ADDRESS
NAME (Type) BERTRAMY, SCHAEFER MD	1780 Mass. Ceve. n.w. Wood. D.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (Slete)
REMOVAL (Specify) 3-28-66 HOLI KOO	D CEM. WASHINGTON D.C.
24 FUNERAL DIRECTOR'S SIGNATURE 2 ADDRESS Q.	E., N. W. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
O E DEDILO DEVA FUNEDA HORE IN	LISH DC MAR 3 1 1966 Charles Judge
16 . I The IAW IIE WAS FUAIRION NO. 18 Mare 141	EISH LA CADARDAR AND LARDEN IN

16

funeral The law requires that the death certificate be executed within 24 hours after death. Page They be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

ATTENDING PHYSICIAN:

A15 15M 7-62

March 10 of Street Street and 17 of Stre and the state of t The state of the s BERTHAM & SCHAEFER NO 1780 PAGE ELL DE How I have the second to the second the second PENDS THE THE STEEL STEE The self the sales for the self that the selfTO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0220		T.t.am	7 CERTIFICATI	JUF DEAT	100 lo		() 3	4011	
1.	PLACE OF DEAT a. COUNTY	H Prince Georg	e's	MARYLAND	2. USUAL RESIDEN	ICE (Where decea	sed lived, If Institut b. COUNTY	ion: Residence		
	b. CITY OR TOW write RURAL Chever	/N (if outside corporate and give nearest town Ly	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		rate limits, write F			
П	d. NAME OF HO	SPITAL OR INSTITUTION	l (if not in h	ospital, give street address)	d. STREET ADDRESS			0	. IS RESID	DENCE
		George's Ge		-		regg St.			ES N	10
3.	NAME OF DECEASED	Firs	it	Middle	Last	4. DATE OF	Month	Day	Year	
	(Type or print)	Eth		Louise	Myers	DEATH	March	12	1966	
E	sex Temale	6. COLOR OR RACE	WIDOWED		3-26-190	4 61	AGE (In years IFU ast birthday) Mor	nths Days	Hours	Min.
10a dur	ing most of work	FION (Give kind of work ding life, even if retired) Wife	one 10b. K	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or	foreign country)	12. CITIZEN	P WHAT	
13.	FATHER'S NAM				14. MOTHER'S MAI	DEN NAME	1.			
		Lawrence	Pavn	0			Sheridan	27		
15	. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16.		INFDRMANT		Address			
(10	s, no, or unkown)	(If yes give war or dates of	57	8 20 6875 Jo	hn Henry	Myers	Same a	as # 2		
1	18. CAUSE OF	DEATH [Enter only one		line for (a), (b), and (c).]	^	0		INTE	RVAL BETY	VEEN
	PART I. DI	EATH WAS CAUSED BY:	. ar	utes Cardio	e Bil	11000			ET AND DE	
	1561				Tar					
	Conditions, If	any, which \	110	hatra come	a /					
	gave rise to	Immediate	b)							
	cause (a), s underlying caus	tating the	co Car	cinques of	The le	ver-				
NO.				UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN PAR	T 1(a) 19.	WAS AUT	
CERTIFICATION		Sere a,	142.1	well ?	tan!			YE	PERFORM N	0 1
ᆵ	20a. ACCIDENT	WAS UNDERLYING	1/20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of Injury in Part	I or Part II of Ite	em 18.)		
CER	OR CONTRIBUT	ING □ CAUSE OF DEATI TIFY MEDICAL EXAMIN	ER)							
		INJURY Month, Day, Y		NJURY OCCURRED 200. PLA	E OF INJURY (Home,	farm, 20f. (C	Ity or town)	(County)	(St	ate)
MEDICAL	Hour a.	m.	While	Not while	y, street, office bldg.,	etc.)				
Σ	p.		at wor	k at work led the deceased from	hue.	1963 to	March	1966 th	at (I) fue	tact (
	caw the de	reased alive on	ia oh	1966, and that						
	22a. SIGNATU		1.	and that	death occurred as	111, 11011		b. DATE SIG		200101
		- Sull	100	M.D	ATTENDING PHYS.	MED.	STAFF PHYS.	3/12	161	60
	22c. PHYSICIA		0 0		22d. ADDRESS	7 0	0,10	1 Land	Pro.	
	NAME (T	ype) DAO(O	AN U	ERS, MD	3308	serage	vara us		M	a.
23a	BURIAL, CASA	AALION 23b. DATE T	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC/	ATION (City, town	or county)	(Sta	te)
1	BEMOVAL (SP	X WILLY	176k	allinger	w hat	For	X mu	enit	a	
24	. FUNERAL DIR	CTOR , G	11-	ADDRESS	25a. R	. 4 .	an fi	TRAR'S SIGN	ATURE	
1	Millen	yky 191-	-///	4 M.S.Z. V	DANA	R 15 19	66 Jua	nles Je	roge	

VR AI5 (4) 20M 1/65 0.521-6 Vertices Decrees to The court time Prince George Committee Committee 12 4271-37-5 . . . Description of Start and make the start of the start of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> AI5 (4) M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1)4252

1.	PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	Prince Georges MARYLAN	
Т	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	Chevenly 14 hns	Accokeek /6-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	ss) d. Street address e. Is residence on a farm?
_	PrinceGeorgement General Hospital	Framington Rd. YES NO
3.	NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Everett JAMUEL	Pick BRA DEATH March 8 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
Ma	ale White WIDOWED DIVORCED	1 UNE 14, 1908 57 yrs.
10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Ing most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	JANITOR WALGORF School	
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ilnk	link
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes give war or dates of service)	7. INFORMANT Address
(11	No 219-05-3137	MRS Edith McKeral BOX 193 HCCOKERK, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Ceve by O Vas	eclar accident
	.33/X	
	Conditions, If any, which \ (b) Hypertensis	ne-vascular disease
	gave rise to immediate	ne vascolar a rsearc
	cause (a), stating the DUE TD	
2	underlying cause last. (c)	W. A. W. DOW
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES
E	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY C	CCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SOURCES. (Enter nature of signly in Force of Force of States 20.)
		PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While - Not While -	actory, street, office bldg., etc.)
ME	p.m. 19 at work at work	
		J Mar. 7 , 1966 , to Mar. 8 , 1966 , that xt) (we) last
	saw the deceased alive on Mar. 8 19 66, and	that death occurred at 7,35 M from the causes and on the date stated above.
	22a. SIGNATURE-	22b. DATE SIGNED
	Edein & Due.	M.D. PHYS. MED. DIRECTOR STAFF 8 March 66
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Edwin J. Jeasen, M.D.	Prince George's Genl. Hosp. Cheverly, Md.
23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23g. NAME OF CEMET	ERY OR GREMATORY 23d. LOCATION (City, town or county) (State)
4	REMOVAL (Specify) 3-10 //	CHURCH ACCOKEEK, Md
24	FUNERAL DIRECTOR ADDRESS	252, REC'D BY REGISTRAR 250, REGISTRAR'S SAGNATURE
L		DOE M MAR I 4 1956 Charles Judge
	11 (D) [] [] [] [] [] [] [] [] [] [LINCHT LALABATE

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Prince Commiss County and a second contract of the second
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bluster J. Joseph Line Control C. C. Variable Line Line Line Control C

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove farbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04253

 PLACE OF DEAT a. COUNTY 	Н		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
	George's		a. STATE b. COUNTY Prince George's			
b. CITY OR TOW	(N (if outside corporate limit and give nearest town)	s, c. LENGTH OF STAY IN 1b				
Cheven		1 hr. 57 min.	Riverda	ale	16 - 1	
		ot in hospital, give street address)		120	8. IS RESIDENCE	
Prince	e George's Gene	ral Hospital	6304 4	7th Avenue	ON A FARM?	
3. NAME DF	First	Middle	Last	4. DATE Month	Day Year	
(Type or print)	MICHAEL	POLIV	VANOV	OF DEATH March	16 1966	
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.	
Male	777 .	OWED KX DIVORCED	May 11, 188	0 85 yrs.		
during most of work	rion (Give kind of work done in life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY	Russia	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRYS. A.	
13. FATHER'S NAM	IE		14. MOTHER'S MAID	EN NAME		
Paul Po	livanov		unobt	aihable		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Riverdale, Md.	
no	(11 yes give war or untes of service	101-26-2814 S	ergey Poli	vanov 6304 4	7th Ave.	
18. CAUSE DF	DEATH [Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH	
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Palmonary ws	allecione		Vaccondo (201)	
595	· V	2	Thomas			
Conditions, If	any, which) DUE TO	Celement on and	huga		Kyam Course	
gave rise to	Immediate (Digramy emp	nygeina	~	Turkey Bridge	
cause (a), s		Pales ner 17	701/10	la a :	Mun la were	
underlying caus	1 (0)	ITRIBUTING TO DEATH BUT NOT RELA	TEN TOTHE TENNINAL D	ISEASE CONDITION CIVEN IN DE	ART 1(a) 119. WAS AUTOPSY	
E TAKT II. OTHER.	SIGNIFICANT CONDITIONS COL	TIKIBUTING TO BEATING OF NOT KELD	ATED TO THE TENYMINALD	13EA3E CONDITION GIVEN INTA	PERFORMED?	
79					YES NO	
PART II. OTHERS 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of I	Item 18.)	
₹ 20c. TIME OF	INJURY Month, Day, Year		CE OF INJURY (Home, fa		(County) (State)	
ZOC. TIME OF Hour a.i		Wille Mot Wille	ory, street, office bldg., et	ic.)		
		t work at work		1 - 1 1 1 1		
		ttended the deceased from 🔑			, 1966, that (I) (we) last	
		h 12 1966, and that	t death occurred at/			
22a. SIGNATU	RE //-		ATTENDING -	MED. STAFF	22b. DATE SIGNED	
UR		ellen M.C). PHYS.	DIRECTOR PHYS.	march 17 /966	
22c. PHYSICIA NAME (T		Fraum, M.D.	22d. ADDRESS	and Aller h	Taxus Mes 1	
			1823/ yetry	ra cone-securio	mu mayland	
23a. BURIAL, CREN REMOVAL (Sp	MATION, 23b. DATE THEREO			23d. LOCATION (City, tow		
Buria 24. FUNERAL DIRI	3/19/66	Rock Cree	k Cemetery	Washington C'D BY REGISTRAR! 25b. REG	D. C.	
The S	. H. Hines C	2901 14th S			carles Judat.	
The S	H. Hines C	ton Di Cith S	t.N.W DAMEAR	2 1 1966 100	carles Judge.	

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"Agreen II. Truste, M. D.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. funeral and 2 death 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 Prince Georges MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Glenn Dale (rural) 6 mos. 9 dys
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) .≡ Washington d. STREET ADDRESS arbon papers. nt, within 72 ho e. IS RESIDENCE filled ON A FARM? YES ND ... Glenn Dale Hospital 319 17th St. N executed within arbon 3. NAME DE 4. DATE First Middle Last Month Year DECEASED 1966 (Type or print) DEATH Cassie Portee and conrement March 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days Hours WIDOWED X DIVORCED [7/30/1919 46 Female Negro | WIDOWED |X| DIVORCEL

1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR nding physician a Then please re removal, and in a .= 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CDUNTRY? USA Kitchen Helper Camden, S. C. certificate 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME ed by the attending plansit permit. Then cremation, or remova Laddie ? Arthur Reynolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFDRMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) 578-16-7854 Decedent INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH been signed by the burial-transit or to burial, crama PART I. DEATH WAS CAUSED BY: 5 days IMMEDIATE CAUSE (a) Septicemia with renal insufficiency the hospital or attending physician. DUE TO Conditions, If any, which Acute and chronic pyelonephritis gave rise to immediate has been as the l prior to l DUE TD cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY r this certificate had detached for use a PERFORMED? Pulmonary tuberculosis: diabetes mellitus 602/
20a. ACCIDENT WAS UNDERLYING | 2DB. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)

OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NDTIFY MEDICAL EXAMINER) ND K MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) IR: After the ould be deleted the State C factory, street, office bldg., etc.) Not While Hour a.m. at work at work p.m. 65, to 3/6 retained 21. I certify that (1) (this hospital) attended the deceased from 8/25 1966 , that ((we) last OIRECTOR: / age 3 should filed with the 19 66 M. from the causes and on the date stated above. and that death occurred at. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE TO FUNERAL OIRE director, page 3 should be filed w ATTENDING MED. STAFF PHYS. 3/6/66 Glenn Dale Hospital PHYSICIAN'S 22d. ADDRESS NAME (Type) Glenn Dale, Maryland Moe Weiss, M. 23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial Ceme. 23 BURIAL CREMATION. 23b. DATE THEREDF 23d. LOCATION (City, town or county)
Maryland (State) EMOVAL (Specify) REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE A.15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

underlying cause last.

CERTIFICATION

MEDICAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEP	PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, M	IARYLAND		
04262 CERTIFICATI	E OF DEATH	04255		
PLACE OF DEATH a. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Real state b. COUNTY Maryland Prince G			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL	end give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?			
Prince George's General Hospital NAME DF First Middle DECEASED (Type or print) Silas A	Last 4. DATE Month OF DEATH March	Day Year 8 19 66		
. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER :			
Oa. USUAL OCCUPATION (Give kind of workdone uring most of working life, even if retired) Cab driver Self	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT		
3. FATHER'S NAME	Washington D. C. U.S. A.			
John Andrew Porter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Alice Bell Clatterbuck INFORMANT Address			
no 578 03 9090 G	ienevieve D. Porter Same as	#2 (wife)		
	legit Failure	ONSET AND DEATH		
Conditions, If any, which gave rise to immediate cause (a) stating the DUE TO DUE TO Obj Arterio selectoric DUE TO	c Heart Disease.			

DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2200002 1100 111000 0000	areas (enter nature of m)	in, in tale 1 of tale 11 of	10.11 20.17	
	20d. INJURY OCCURRED 20e. PLAC While Not While factor t work at work	E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that (*) (this hospital) a saw the deceased alive on Marc	tended the deceased from Ma h 8 19 66, and that	death occurred a6:05	M, from the causes	and on the date s	stated above.
22a. SIGNATURE Edeling	buse M.D.		CTOR PHYS.	3/8/66	ED
PHYSICIAN'S NAME (Type) Edwin J. Je	nsen, M.D.	Prince Georg	ge's Genl. Ho	sp. Cheve	rly, Mo
n. BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify)	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

Burial
24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md.

3/10/66

Diabete

Washington D. C. REC'D BY REGISTRAR'S

WAS AUTOPSY PERFORMED?

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Eddin C. James N. D. Prince Crocke's Cont. No p. Cheverty, Mc.

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27/0/2 EX 22 C

Finding 2.C sea nuisa?

Paidle George a Conerel Moupling 501 751 751 tim Street 1

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VR A15 (4) 15M 4-64

	MARYLAND STA	ATE DEPART	MENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND I	RECORDS, 301	W. PRESTON	STREET, BALTIMORE	1, MARYLAND
04263	CERTI	IFICATE OF	F DEATH		1142

	(100						
1.	PLACE DF DEA'	TH		*	2. USUAL RESIDENCE a. STATE	CE (Where deceased lived, If Institution:	Residence before admission)
MA	Prince	George's		MARYLAND	- 777	d 1	r. /10.
13	b. CITY DR TD	WN (If outside co L and give near	orporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	AL and give nearest town)
	Cheverl	V		3 hours	Washingt	ton, D. C.	16-1
- 54	d. NAME OF H	OSPITAL OR INST	ITUTION (if not	In hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Prince	George's	General	Hospital	5123 Ber	nning Road	YES ND
3.	NAME OF DECEASED		First	Middle	Last	4. DATE Month	Day Year
	(Type or print)		Baby	Girl	Posey	DEATH March	15 19 66
5.	SEX	6. CDLOR OR	RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
	Female	Negro	WIDO	WED DIVORCED	March 15, 1	L966 yrs.	3 -
1Da	. USUAL OCCUPA	ATION (Give kind orking life, even if	f work done 1	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Juli	none	King ino, oven ji	retired)		Prince Geor		JSA
13.	FATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME	
	Donald	(NMN) Pos	sev		Nelma (NMN	I) Posev	
15.	WAS DECEASED	DEVER IN U.S. ARI	MED FORCES?	16. SDCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	s, no, or unkown)	(If yes give war or	r dates of service)	10 CO			
		F DEATH [Enter (only one cause	per line for (a), (b), and (c).]			I INTERVAL BETWEEN
		DEATH WAS CAUS			Willedares		ONSET AND DEATH
	7/0	IMMEDIATE	CAUSE (a)	1) culture o	ar awas		
	162		DUE TO	Drum alundy			
	Conditions, if		(b)	promise and			
	cause (a),	stating the	DUE TO				MALE PARTY
z	underlying car		(c)	TIPLITAIN TO PETATURIST DEL	1750 TO THE TENANTAL	DIOCAGE CONDITION ONEN IN DAGE 1/	e) 119. WAS AUTDPSY
E I	PART II. OTHER	RSIGNIFICANT CO	MULLIONS CONT	KIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 10	PERFORMED?
FIC							YES NO
CERTIFICATION	OR CONTRIBUTION (IF EITHER, N	T WAS UNDERLY TING CAUSE D DTIFY MEDICAL	ING 2D OF DEATH EXAMINER)	b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part I or Part II of Item 1	18.)
NA NA	2Dc. TIME OF	INJURY Month	, Day, Year 21	od, MJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f		ounty) (State)
MEDICAL	Hour a		10 10	INDE WHITE -	ory, street, office bldg., 6	etc.)	
Σ		o.m.			anch 15 i	966 , to March 15 , 19	66 that 10 (wa) last
		leceased alive			t dooth occurred at f	B:00M, from the causes and on	the date stated above
	22a. SIGNAT		01	allu tila		1 00h	DATE SIGNED
	2241 0141111		11	IN M.	D. PHYS.	MED. STAFF & 3/	15/66
	22c. PHYSIC	IANS	111	IVI,	22d. ADDRESS	DIRECTOR TIMES. 22 07	10/00
	NAME (pnardo A	lvarado, M.D.	6201 Rive	erdale Rd. Riverdal	le, Md.
23a	BURIAL, CRE		DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or	county) (State)
1	cremati	on 3	H9/66	Prince Geo. G	en. Hosp.	Cheverly Maryl	and
24.	FUNERAL DIE	RECTOR	(17	ADDRESS			AR'S SIGNATURE
	William	GABYNZ	er. Assi	st. Administrate	DATMA	R 2 2 1968 Jalian	les judge
	The second secon			~~~~	44		

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Friz de George s Frince George's General Hospital Foreig North Prince Seorge's, Maryland Vesca (IMM) Barry - water (ERA) blambi romand garde a made read at the latter is a 48 cm w - Horry order Alversia, M.H. 6201 Biverdale Bd. Riverdale, Md. are without and a second contract one can east. 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O4264
CERTIFICATE OF DEATH
1)4257

1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE a. STATE	CE (Where det	ceased lived, If in: b. COUI		idence b	efore ada	nission)		
	Prince Ge	eorge's		MARYLAND	Marylan	d		nce Ge	orge	15			
	write RURAL a	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
_	Cheverly	DITAL OD INCTI	TILTION (if not	2 days in hospital, give street address)	ON A FARM?								
		eorge's	General	Hospital	5300 La				YE		NO K		
3.	NAME OF DECEASED		First	Middle	Last	4. DATE OF	Mont		Day	Year			
	(Type or print)		Rita	Ann	Pullen	DEATH	HIGH C		15	196			
5.	SEX	6. COLOR OR R	ACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1			24 HRS. Min.		
	Female	White	WIOOV	VEO DIVORCED	1-9-32		3 yrs.	Months	ays	Hours	WIIII.		
10a dur	Ing most of working Meat Wrap	ON (Give kind of ig life, even if r oper	work done 10 etired)	b. KIND OF BUSINESS OR INDUSTRY grocery store	PENNA.	ounty & State,	, or foreign country	12. CIT COL	INTRY?	FWHAT			
13.	FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME							
S	AMUEL L	Book	TERBA	UGH	MARY H	ERHE	- ;						
15	. WAS DECEASED EV	ER IN U.S. ARM	ED FORCES? 1		INFORMANT		Addre	ss 5300	100	m A list	INNA		
(Ye	es, no, or unkown)	If yes give war or o	fates of service)	17 172-26-8127	haunto 1	D	. 54 6	-			MO		
		FATH [Enter on	ly one cause r	per line for (a), (b), and (c).1	DONUTO T	· Pur	LEN L	04466		VAL BET	WEEN		
		TH WAS CAUSE	D BY:	P	, -					T AND D			
	16.	IMMEDIATE CA		arcinomat	0515		2000				_		
	Conditions, If a	ny which \	DUE TO	R.J.	E +	1	11.						
	gave rise to i		(b)	ax CI MOME POT	Breast (SVX	cally						
	cause (a), sta		DUE TO	vca	1 1 4 44 4)							
Z	underlying cause		(c)	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TED WINA	DICEACE OON	DITION CIVEN IN	DADT 1(a)	119.	WAS AU	TOPSY		
ICATIO	PART II. OTHER ST	GNIFICANI CON	DITIONSCONT	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASEAGN	DILION GIAEN IN	PART I(a)	1	ERFOR	MED?		
CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTI	VAS UNOERLYIN IG CAUSE OF IFY MEDICAL E	IG 201 OEATH XAMINER)	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	f Injury in Pa	art I or Part II o	of Item 18.)					
	20c. TIME OF IN			Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa		(City or town)	(Coun	ty)	(S	tate)		
MEDICAL	Hour a.m. p.m	7-70-6	w	hile Not While facto	ry, street, office bldg., e	etc.)							
	21. I certify	that (I) (this	hospitall att	ended the deceased from 7			mas 14						
	saw the dece	eased alive or	MAR.	14 1966, and that	death occurred a8	: 30aM, fr	om the causes				above.		
	22a. SIGNATURI	John	H. 7.	Bayly M.D	ATTENDING PHYS.	MEO. DIRECTOR	STAFF PHYS.	22b. DA			46		
	22c. PHYSICIAN NAME CAY		H. E. B	ayly, M/D.	22d. ADDRESS 1835 Eye S	St. N.		ngton,	D.	c.			
238			ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LC	OCATION (City, t	own or cour	ty)	(Sta	ate)		
	BURIAL (Spec	187	11 ar 19 Ca	e amsbry	Cemeter	y am	stry,	EGISTRAR'S		ac.			
24	11 1/1 10/	amb	erste	O. Riverdale	Md. 25a. RE)	0	larle		det:			
-					1 2718311	4 1	4441		1	0			

VR AI5 (4) 20M 1/65

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Prince Scorge & Seneral Hospital - 5500 Lackgranus St.

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STATE OF THE PARTY
doom No E. Hawly, M.D. 1836 Eye St. N.M. Nachington, D. Ci

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

112200	0.22.00
1. PLACE OF DEATH a. COUNTY drunce Derges MARYLAND	2. USUAL RESIDENCE (Where deceased lived, II institution: Residence before admission) a. STATE b. COUNTY 200
b. CITY OR TOWN (if outside corporate limits, virite RURA) and give nearest town) Cherery DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
a. NAME OF BOSPITAL OR INSTITUTION (if not in hospital, give street address Denuce Leorges Leneral Hospital	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\text{X} \)
3. NAME OF DECEASED (Type or print) William Joseph Tr	Last 4. DATE Month Day Year DF DEATH March 6 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) Nanagement anglest US Termmen	11. BIRTHPLATE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? A L A
13. FAMER'S NAME Reilly, sv.	14. MOTHER'S MAIDEN NAME O
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war or dates of service) 578602356	informant Reilly Hyattorille, Ind
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac fair	yre-hyrocordia (mfarction 30 min
Conditions, If any, which DUE TO Coronary	sclerosis 6+mo
gave rise to immediate cause (a), stating the underlying cause last. DUE TO Arterios (c)	clerosis 1+yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE DESCRIBE HOW INJURY OCCUPANT OF THE PROPERTY OF THE PR	ated to the terminal disease condition given in part 1(a) 19. Was autopsy performed? Yes NO
	URRED. (Enter nature of Injury in Part or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI Hour a.m. p.m. 19 While at work at work	ACE OF INJURY (Home, farm, ory, street, office bidg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3, 2, 1966, and the	at death occurred at 355 M, from the causes and on the date stated above.
	D. ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS. 3/7/66
22c. PHYSICHAN'S E. H. Aschenbach	22d, ADDRESS 4/Col, Rd. NN
Birrial (Specify) mar 9, 1966 Lette of H	earer 23d. LOGATION (City, town or county) (State)
7 Sasche sone Hyattorille, In	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE DAMAR 1 0 1966 Acharles Judge

1/65 VR A15 20M I

. . Jost Buchle Mile All St. C. Martin I I WILL THAT I WANT TO SEE THE Compare topy or Aspectation was a man to the - Cotondry delegas BANTO Arrenia scleresis Charles Carles 3/7/68 Ett Herbenbuch Beton Petton Petton

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14266 CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1. after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) nattsville = papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within Home. Cdler letely within 3 carbon NAME DE First Middle Last DATE DECEASED ILLIAM REIMER event, Comple (Type or print) DEATH executed AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) | Months | Days any and WIDOWED DIVORCED [E 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician ease during most of working life, even if retired) certificate be INDUSTRY and nn reasuru 7 FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME been signed by the attending pl the burial-transit permit. Then ir to burial, cremation, or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CO (Yes, no, or unkown) (If yes give war or dates of service) RC 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 900 PART I. DEATH WAS CAUSED BY: ocelusion attending physician. IMMEDIATE CAUSE (a) DUE TO rioscherosis Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as the underlying cause last. has CERTIFICATION r this certificate hadetached for use a te Dept. of Health p hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: be detached State Dept. (MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, should be der th the State B factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. E. be retained NOY 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 10 19 46 and that death occurred at 12 3 sho saw the deceased alive on 22a. SIGNATURE page MED. ATTENDING M.D. PHYS DIRECTOR may FUNERAL PHYSICIAN'S 22c. 22d **ADDRESS** 51 NAME (Type) mPson PH0 BURIAL, CREMATION, 23b. DATE THEREOF 23a. 23c. NAME OF CEMETERY OR CREMATORY

11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN **QNSET AND DEATH** -mmed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.) 20f. (City or town) (County) (State) resent from the causes and on the date stated above. 22b. DATE SIGNED STAFF PHYS. director, p 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR 25a. Georgia VR AI5 (4) 1/65

b. COUNTY

Month

nar

e. IS RESIDENCE ON A FARM?

Year.

19

Hours

YES

Day

3

NO 6

The second secon RESE THE STATE OF THE S and the second second second second representations my the second second Annous Comete yes And Comete Concount notificial - STANDARD CHARLEST !! The state of the s Brunder of Somples in the state of the 8216 NOH CHE DE President F Sources

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
04267	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	04260

PLACE OF OCCUPANT	Lo House Deciperon (up. 1 1 line 1 of 1 1/1 1/1 Building building
1. PLACE OF OEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY A
Prince George MARYLAND	Maryland Montgomery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If odtside corporate limits, write RURAL and give nearest town)
Hyatts ville	Chase 15-2
U. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
11 11 : 110 11 11	5519 Prospect St. YES NO
Hyattsuille Nursing Home	1.03066
3. MAME OF First Middle OECEASED	OF OF
(Type or print) Laura Fischer	Richardo DEATH 3 - 6 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
→ WIDOWED DIVORCED	5-30-1892 72 yrs.
10a. USBAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Own Home	Suffely guil
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
Felter Lighter	KAULER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Adapte / LLE //
(Vac no as sustanum) (() for so sino man as datas of coming)	
NONE KO	SERT J. FOOTE, 2011 KITTENHOUSEST.
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Selumonis	6 days
11917	
Conditions, If any, which	
gave rise to Immediate	
cause (a), stating the OUE TO	
Underlying cause last. (c) PARTJI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART.II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO COUNTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	- west rull homisplayer PERFORMED:
2) Cosinella tennie Heart Privare,	Conjecting fearl friend TES INU
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Not while	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	
	death occurred at 7.75 A.M. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. March 6, 1966
Yzerham p Schaefer M.D	
22c. PHYSICIAN'S NAME (Type) RECTORN 5 Soul A 5 CCO	22d. ADDRESS
NAME (Type) BERTRAM F. SCHAEFER	1780 Mass. Ave. N.W. Wash. D.C.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
PREMOVAL (Specify) MIRCH 9. 1966 LANCASTER KU	RAL CEMBTERY LANCASTER, N.Y.
24. FUNERAL DIRECTOR ADDRESS WILLS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
til dether tilas 1828 25th Cinony STA	MAR 8 196A Clianles Judge

VR A15 (4) 20M 1/65 0

and the state of t

Large Control of the
FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay accessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. permit. File pages 1 and 2 with the State Department removal, and in any eyent within 72 hours after death. TO DEPUTY MED

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

US	MEDICAL EXAMINER'S	S CERTIFICAT	E OF E	DEATH		1,421	52
1. PLACE OF D	EATH	2. USUAL RESIDEN	ICE (Where det			idence befor	e admission)
a, GOUNTY	Prince George MARYLAND	a. STATE	rvland	b. COUI	Priz	nce G	2240
b. CITY OR	TOWN (If outside corporate limits La LENCTH OF STAY IN				rite RURAL a	and give ne	arest town)
WIITE KU	JRAL and give nearest town)	D: 1	•		11	,	
Cheve	FIV HOSPITAL OR INSTITUTION (If not in hospital, give street addre	Riverda	le		16	l e IS	RESIDENCE
						ON	A FARM?
	George General Hospital	5602 Eastp				YES	NO IX
3. NAME OF DECEASED	First Middle	Last	4. DATE	Mont Mar		Day 17,	Year
(Type or pri		RING	DEATH				19
5. SEX	6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthdey)	Months [YEAR IF UN	
Male	White WIDOWED DIVORCED		903	0.4 yrs.			
10a. USUAL OCCU	UPATION (Give kind of work done of the working life, even if retired) industry	11. BIRTHPLACE (State or forel	gn country)	12. CIT	IZEN OF WI	HAT
	ccountant Stone Co.		Min	nesota		. S. A.	
13. FATHER'S	NAME	14. MOTHER'S MAI	DEN NAME				
Mauric	e Ring	Marv	Kinney	Ţ			
	SED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	17. INFORMANT		Addre	\$\$		
no		Mrs. Leo B.	Ring	Same a	s #2.	(wife)	1
	OF DEATH [Enter only one cause per line for (a), (b), and (c).]			<u> </u>		INTERVAL	BETWEEN
PART	I. DEATH WAS CAUSED BY: Chronic uremia					ONSET AN	ID DEATH
600	(a)						
	If any which \ You have and admined	e bilateral	with	"stac-he	orn" d	alculi	
gave rise	to immediate (b, blidcoldi	, Water	0000			
cause (e), underlying	, stating the DUE TO	and and a					
	cause last. (c) Chronic pyelone HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a)	119. WAS	AUTOPSY
VIII	201101010101010101010101010101010101010					PERI	FORMED?
PART II. OTH 20a. EXTE PRIMARY C CAUSE OF T 20c. TIME Hour	RNAL CAUSE WAS 20b. DESCRIBE MOW INJURY O	COURSED /Enter n ture (f injury in De	art I or Part II	of item 12 \	YES	NO ET
PRIMARY	RNAL CAUSE WAS 20b. DESCRIBE MOW INJURY OF CONTRIBUTING DEATH.	COURTED. (Eliter hature t	/ mjuly m re	att i of Talt ii	or 110m 20.)		
G CAUSE OF I		DI AGE OF INITIDY (Name)	1 006	(Olav or town)	/Caus	411	(Chata)
20c. TIME		PLACE OF INJURY (Home, i ectory, street, office bldg.,	etc.)	(City or town)	(Coun	ty)	(State)
	p.m. 19 While Not While at work						
21. I ce	ertify that I took charge of the remains described above,	held an Autopsy,	Inspectio	n 🔣 , Inqu	ılry 🔀 ,	and in r	ny opinion
death re	sulted from: Natural causes . Accident .	Suicide, Homic	ide,	Undetermined	manner		
		CHIEF MEDICA	AL EXAMINER				
SIGNATURE	comevein a	M.D. ASSISTANT MI	EDICAL EXAM	INER		22. DA	TE SIGNED
EXAMINER'		DEPUTY MEDI	CAL EXAMINE	R 😾		2/1	01//
NAME (Type	Cornelius J. Burns, M.D.	Address (Stree	et, city, town	or counChe	verly,	M93 \ T	3/66
23a. BURIAL, C	REMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	TERY OR CREMATORY	23d. LC	CATION (City, t	own or coul	ity)	(State)
Burial	1 3/21/66 Mt. Oliv	et	Wa	shington STRAR 25b. R	D.C		
24. FUNERAL		25a. Ri	C'D BY REGI				
Franci	s Gasch's Sons Hyattsville, M	d. DAMA	R21	1966	learle	o Jud	ge.

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Athenda J. James, M.D.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 18. Part II. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Prince Georges MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparote limits. write RURAL and give nearest town)
Glenn Dale (rural) 1 mo. 24 days Washington, D.C. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1445 Otis Pl., N.W. Glenn Dale Hospital YES NO 3. NAME OF Middle Last 4. DATE Month Doy DECEASED Theodore Rinis 3/13/ (Type or print) DEATH 19 66 I IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Months Days Haurs WIDOWED V DIVORCED 5/12/1894 Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. during most of warking life, even if retired) INDUSTRY --- CLAOTHINGS Minsk, Russia Tailor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary ? Leon Rinis 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates af service 579-03-3166 Decedent INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) S CAUSED BY: IMMEDIATE CAUSE (o) Actite coronary occlusion (right coronary artery) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate cause (a) DUF TO stating the underlying cause (c) Arteriosclerotic heart disease unknown 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? This mondry tuber culosis 001 / Bronchogenic carcinoma YES TY NO 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. Nat While factory, street, affice blda., etc.) at wark at work 019, 66, to March 13, 1966, that (K (we) last

21. I certify that XIV (this haspital) attended the deceased from Jan. 19 saw the deceased alive an March 13 19 66, and that death accurred at 22o. SIGNATURE

ATTENDING M.D. PHYS 22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

PHYS. DIRECTOR Glenn Dale Hospital

23d. LOCATION (City or Town)

22b. DATE SIGNED 3/13/66

M. fram causes and an the date stated above.

22c. PHYSICIAN'S NAME (Type) 23g. BURIAL CREMATION.

Moe Weiss, M. D DATE THEREOF

Glenn Dale Maryland

> (County) (State)

O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be filed v VR A15 (4)

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mpletely filled in by the funeral e carban papers. Pages 1 and

executed within 24 haurs after death

The law requires that the death certificate be

attending physician.

by the haspital ar ATTENDING PHYSICIAN:

be retained

REMOVAL (Specify) 24. FUNERAL DIRECTOR

25b REGISTRAR'S SIGNATURE

20 M 1/66

CALL CONTRACTOR CONTRA Temporal dissipation of a control The obotic college and the second second The state of the s

onsire all a configuration and the state of
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Thin 24 hours after death. Page 4. The retained by the hospital or attending physician.

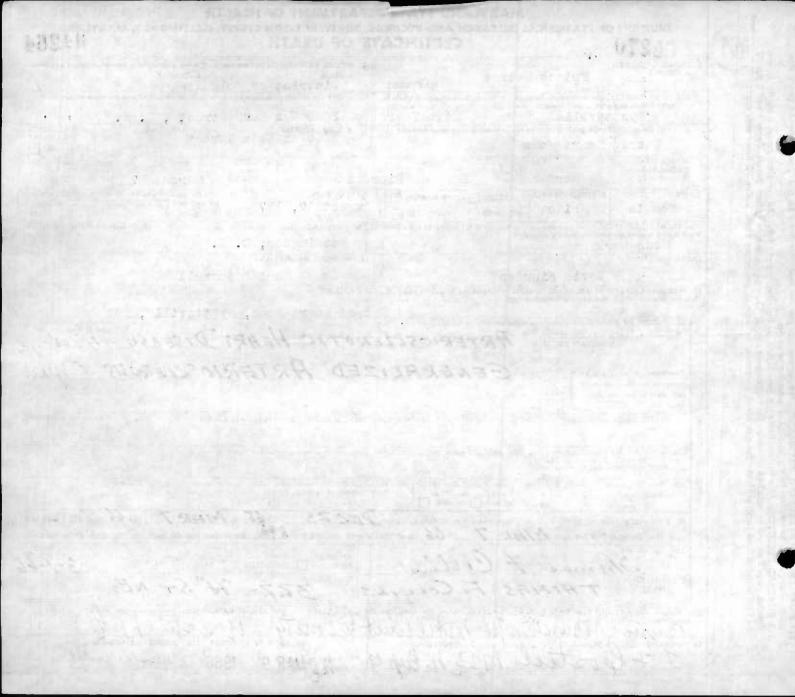
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

HEALTH
STREET, BALTIMORE 1, MARYLAND
114264 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON CERTIFICATE OF DEATH 02270

								-
1. PLACE OF DEATH	Prince Georg		2. USUAL RESIDEN		b. COUN		ce before a	admission)
L CITY OF TOWN !	2	MARYLAND	Distrie					
write RURAL and	if outside corporate limits, I give nearest town) Ctsville	Five Years	c. CITY OR TOWN			77	nearest tow	
	TAL OR INSTITUTION (if not in he					, N. W.		
	l Heart Home	ospilei, giva siraer address;	d. STREET ADDRESS	Ness S	treet	47-3		A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Yee	
(Type or print)	Nora		rdan	OF DEATH	March			66
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVED MADDIED	B. DATE OF BIRTH	19.	AGE (In years	IF UNDER 1 YEAR	IF UNDER	R 24 HRS.
Female	White widow		August 17,		last birthday)	Months Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & State, or	foreign country)	12. CITIZEN C	DE WHAT	COUNTRY
Housewo	rking life, even if retired)		Washingto	on, D.	C.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	David Kiordan		Ne	ora O'C	onnell			
15. WAS DECEASED EV		S. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(1es, no, or unkown) (f	fyes give war or dates of servica)							
		S	acred Heart I	Home, H	vattsvi.	lle. Md		
	EATH Enter only one cause per	line for (e), (b), and (c).]					TERVAL BE'	
	H WAS CAUSED BY	RTERIOSCLE	EDATIC L	YEART	- Dice	FASE	4 / 1	
	IMMEDIATE CAUSE (a)	VIEVIOSCE	1661161	1571	1136	736	416	Las Ju
4200	DUE TO		7					
Conditions, if any	which > " (=	ENERALI	7FD HA	OTER	115/1	-PACKC	51	100.
gava rise to immedi	which (b)	ENCKIL	200 111	1211	10 16	211000	-	paso
(a), steting the u	DILL TO						V	
causa last.								
PART II. OTHER	R SIGNIFICANT CONDITIONS CO	ENTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE (CONDITION GIV		19. WAS A	AUTOPSY DRMED?
E 20: ACCIDENT W	AS INDEDIVING TO 1 201 DI	SCORE HOW INTERNACED	D. (Entre nature of Interestin	Don't Los Book III	-6 the - 10 l			
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURE	o. (Enter natura of Injury in	ran i or ran ii	of Itam IB.)			
3 20c. TIME OF INJU	RY Month, Day, Yaer 20d	. INJURY OCCURRED 20e. PL	ACE OF INJURY (Homa, far	m, ! 20f. (City	or town)	(County)		(Stete)
20c. TIME OF INJU	Whi		tory, street, office bldg., etc			(303,)		, , , , ,
21 Leoutides t	hat (I) (this hospital) atte	adad the deceased from	DE125	1065 4	MAR	7 , 19 66	that (I)	(ma) last
				115				
saw the deceas	sed alive on MAR.		t death occured at a		the causes	and on the d	ate state	d above
22a. SIGNATURE		0			17-1-1		22b	DATE
3	romas fr	Cellino!	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		3.	SIGNED
22c. PHYSICIAN'S NAME (Type)	THOMAS	F. COLLIR	22d. ADDRESS	7- 1	44"57	- NE		
23e BURIAL CREMATI	ON. 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCA	TION (City, to	vn or county)	1 15	itate)
REMOVAL (Specify)		to mx aline	+ cemete	i U	14th	Dt	9.	-
24 FUNERAL DIRECTOR	SIGNATURE A	ADDRESS	1 11/1/1			GISTRAR'S SIGNA	TURE	
1-4	00 11111111	707. n Dreh	X Wach maker	2 0 40	occ m	Carelon V	endage	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04271	CERTIFICAT	E OF DEATH		04	1265/
1. PLACE OF DEATH o. COUNTY Prince Georg	ses MARYLAND	o. STATE _	(Where deceosed lived, if institution b. COUNTY)		re odmission)
b. CITY OR TOWN (If outside corporote limit write RURAL and give nearest town) Glenn Dale (rural)	c. LENGTH OF STAY IN 16 2 days	c. CITY OR TOWN (If o	utside carparate limits, write RUF	RAL ond give neare:	st town)
d. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospitol, give street oddress)	d. STREET ADDRESS	St., N.E.		e. IS RESIDENCE ON A FARM? YES NO
	rst Middle	Lost Robinson	4. DATE Mont		
S. SEX 6. COLOR OR RACE Negro	7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11/12/188	9. AGE (In yeors lost birthdoy) 84 yrs.	Months Doys	Hours Min.
IOo, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		y & Stote, or foreign country) ins, Ga.	12. CITIZEN O COUNTRY	F WHAT
13. FATHER'S NAME Bou Robinson		14. MOTHER'S MAIDEN Gussie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes	of service) 16. SOCIAL SECURITY NO. 17.	Decedent Decedent	Addre	955	
IB. CAUSE OF DEATH (Enter only one to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUIL Conditions, if ony, which gove	(o) Bronchopneumonia			01	TERVAL BETWEEN NSET AND DEATH days
last.	TO Carcinoma of the	ungs, liver	celiac plexus	un	known
	ONTRIBUTING TO DEATH BUT NOT RELATED TO by hemisiossectomy rteriosclerosis with	THE JERMINAL DISEASE CO & left radio arterioscle	NDITION GIVEN IN PART 1(0)Cal neck disset erotic heart di	reinoma ^{19.} Isease	WAS AUTOPSY PERFORMED?
	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Part for Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19		ACE OF INJURY (Home, for ctory, street, office bldg., etc	.)	(County)	(Stote)
saw the deceosed alive on_	spital) attended the deceased from	at death occurred to	19 66 ta 3/20/ 5 AM M, from couses	ond on the da	
220. SIGNATURE	Wen N	A.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR STAFF PHYS. Glenn Dale He	22b. DATE SIGN 3/20/6	
7-3	iss, M.D.	Glenn	Dale, Maryland	d	
230. (BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THE	5-66 Harmony	Park Can		ma	
24. FUNERAL DIRECTOR	Horse 816 HSt	50	The second secon	GISTRAR'S SIGNATU	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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HEALTH DE DEPT.

begas 1 and 2 with the State Department in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND 114966 MEDICAL **EXAMINER'S CERTIFICATE OF** DEATH

1.	PLACE OF DEATH a. COUNTY Prince George's	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res o. STATE Maryland b. COUPTince	George's
	write RURAL and give nearest town)	NGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL a Laurel	nd give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	Prince George's General Hospi	020 220 200	ON A FARM? YES NO A
3.	NAME OF First DECEASED (Type or print) Francis		Day Year 16 19 66
	sex 6. color or race 7. married xx Ne widowed	EVER MARRIED 8. DATE OF BIRTH May 10, 1909 9. AGE (in years IF UNDER 1 last birthday) Months D	YEAR IF UNDER 24 HRS. Hours Min.
10a dur	. USUAL OCCUPATION (Give kind of work done ling most of working life, even if retired) INDUSTR Warehouseman	COU.	IZEN OF WHAT NTRY? ed States
13.	FATHER'S NAME Role in the	14. MOTHER'S MAIDEN NAME	
15. (Ye	s(pe, or unkown) (If yes give war or dates of service)	LSECURITYNO. 17. INFORMANT -/6-824/ Lillian Robinson (wife) Same	address
	LAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conges	(a), (b), end (c).1 stive Heart Failure	INTERVAL BETWEEN ONSET AND DEATH
	292.4 DUE TO Conditions, If any, which \ (b) Myocar	rdial Infarction	
	directlying educe last: (C)	tic anemia	2 months
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING NOTE NOTE NOTE	BE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
MEDICAL		OCCURRED 200. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (Country work and the street, office bldg., etc.)	ty) (State)
-	21. Leertify that I took charge of the remains d	described above, held an Autopsy 🔲 , 🛮 Inspection 🔀 , Inquiry 💢	and in my opinion
	death resulted from: Natural causes A	Actiont ☐, Suicide ☐, Homicide ☐, Undetermined manner	
	ACTUAL SIGNATURE OMELLIL	OLLEY M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED arch 16,196
	EXAMINER'S NAME (Type) Cornelius J. Burns		ly, Md.
238	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c.		
1	Sunal 3-21-66 /	DODGE DECISION DE	SIGNATURE

1956

VR A15ME 3500 4-64

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burial, cremation, or removal, and

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FOR STATE HEALTH DEPT. 8. Give Pages 1, 2, and 3 to 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of arry delay is Health or its designated agent, prior ta burial, crematian, ar removal, and in any event within 72 hours after death. This certificate shauld be executed within 24 hours after death. If in pencil in Item-1 necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04273 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04267

1. PLACE OF DEATH					2. USUAL RESIDENCE				e before o	odmissio	n)
o. COUNTY Pr	ince Georg	e¹s	MAR	/LAND	o STATE Maryland	1	b. COL	rince (Georg	re Is	
b. CITY OR TOWN	If outside corporate limi	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a						
Cheve	If outside corporate limi d give neorest town) LTLY		DOA		Hyatts			11			
	AL OR INSTITUTION (If r		give street oddress)		d. STREET ADDRESS				e.	IS RESID	ENCE
Prince C	eorge Gene	ral Hos	pital		8214 Quer	ntin S	Street		YE	ON A FA	NO 🔀
3. NAME OF DECEASED	·	irst	Middle		Lost	4. DAT		nth	Day	Уеа	r
(Type or print)	Robin		Lynn		binson	DEA			1	19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		 AGE (In years lost birthdoy) 	IF UNDER 1 Months		F UNDER Hours	Min.
Female	White	WIDOWED	DIVORCE		7-13-1963		2 yrs.	1	00,3	110013	IVSII I.
	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stot	e or foreigr	country)		ZEN OF W	/HAT	
during most of working		114	NONE		Barberton	1. Oh	io	1	INTRY?	7.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Raymond	L. Robinso	n.			Kau Ann K	itchi	ou				
IS WAS DECEASED EVI	DINIIS ADMED EODOES	1 16	SOCIAL SECURITY NO.	17.	NFORMANT		Δdd	ress			
(Yes, no, or unknown)	(If yes give wor or dotes	of service)	YONE	Da	ymond S. Ro	bins	Zuenti	n Street	et 1		
	EATH (Enter only one co			1./\\\\	amoria 2. Re	DAMAI	n Nyans	DALLE,	INTER	VAL BETV	WEEN
PART I. DEA	TH WAS CAUSED BY:		ite pulmona	mir o	dema					AND DI	
4.24	IMMEDIATE CAUSE	E TO	toe parinone	LLYC	Q CITICA						
Conditions, if ony			m congest	i wa h	eart failu	ra					
rise to immedio	e couse (o), (E TO	MI COLIECTO.	LVC	Caro rarra						
stoting the unde	rlying couse	(c)									
	GNIFICANT CONDITIONS		O DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE CO	UNDITION G	IVEN IN PART I(a)		19. W	AS AUTO	PSY
NOL							. ' '		YES	RFORME	D?
20o. EXTERNAL CA	Hydro ce	phalus	SUPERIOR INTERVO	COURDED	Enter noture of injury in	alred.	Port II of item IP)		163	-	,0 L
200. EXTERNAL CA		200. DE	SCRIBE HOW INJURY OF	CCURRED.	ciner notore of injury in	FOILLOLI	rott it of fletil 16.)				
	URY Month, Doy, Year	20d_IN	JURY OCCURRED	20e PLAC	E OF INJURY (Home, for	m. 20f	. (City or town)	(Cou	ntv)	(S	tote)
Hour o.	m.	While	Not While		ory, street, office bldg., etc		. (,,	1-0-0		10	,
p.	11.	OI WOIL		1				. (1.1		
					d an Autopsy 🔀,			uiry 🗽	and ir	n my c	pinion
deoth resul	ted from: Natur	ol couses X	Accident 🗌	, Suici			Undetermined n	nonner 🔝			
ACTUAL	111	X	1		CHIEF MEDICA				22	DATE S	IGNED
SIGNATURE	John	11			M.D. ASSISTANT ME					VAIL A	
EXAMINER'S NAME (Type)	ohn Kehoe,	M.D.	Riverdale,	Md.	DEPUTY MEDIC Address (Stree				3-2	2-66	
230. BURIAL, CREMATIO	ON, 23b. DATE TH	HEREOF	23c. NAME OF CEMI	ETERY OR	REMATORY	23d.	LOCATION (City or To	own) (County)		ote)
Burial (Society	March !	4. 1966	Fort Line	oln (emeteru	Pri	ince Georg	zen Cou	intu	, Me	t.
24. FUNERAL DIRECTO	10 11 11	5	RUZU ADDRESS	in A.	250. REC	'D BY REGI	STRAR 2Sb. R	ECISTRAP'S SI	GNATHRE		
Warner E.	Pumphrey.	Inc. S	ilver Snr	ina.	MarylandA	K 4	1966	liarle	y Ju	sge.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution; Residence before admission) a. COUNTY b. COUNTY Montgomery Prince Georges by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end giva nearest town) Rockville Laurel filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE papers. Pagin 72 hours a ON A FARM? General Hospital 13001 Vandalia YES NO A completely 3. NAME OF Middle DECEASED 19 66 (Type or print) PHYLLIS PAGE RODBELL DEATH March 10 within and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF LINDER 24 HRS lest birthdey) Hours event, Female WIDOWED F DIVORCED Oct. lease rem 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D. C. S. Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John H. Hazel E. Furr Burkley ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Herbert Rodbell Same as 2 8-26-2516 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and INTERVAL BETWEEN g physician signed by ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geva rise to immediate cause DUE TO (e), steting the underlying certificate has ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) fectory, street, office bldg., atc.) Not While Hour a.m. While at work et work DIRECTOR: 19.66, and that death occured at 1.00 AM, from the causes and on the date stated above. SIGNATURE 22b. DATE ATTENDING 1988 PHYS. death. Page.
O FUNERAL
director, page 3
be filed with the M.D. 22d. ADDRESS 320 Montgomery Ave. NAME (Type) Frank L Weaver Laurel, Maryland 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a. BURIAL, CREMATION, REMOVAL (Specify) Buria -13 - 66Geo. Wash. Cemeterv Hvattsville Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

THE REST OF SHIPS OF THE PARTY The sector of Loine 1/000 - - Isling is renew to the SAVINES Y PAGE 10 18238 A 1825E W ROLL Y STAINES Team 1875 to 25 15 1 15 1 1 etime a S a C agotter Lousville and a comment of the property of the state o and the History and the History Jahr H. Burstage S sa said I itsepot toporet illamourte the course of the constitution and the second 3-7-6 the second of th 120 Vonter gerv Area Trans E Metro Surface of the control of the contro Service of the State of the Sta

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, emove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
225
CERTIFICATE OF DEATH

114213	CERTIFICATI	E OF DEATH		0 = 200
. PLACE DF DEATH		2. USUAL RESIDENCE	E (Where deceased lived, If Institutio	n: Residence before admission)
a. COUNTY		a. STATE	b. COUNTY	
Prince George's	MARYLAND	Maryla	nd Prince	e George's
 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RU	RAL and give nearest town)
Cheverly	2 days	Mt. Ra:	inien	11-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS		e. IS RESIDENCE
		0500 B		ON A FARM?
Prince George's General			erry Street	YES NO
B. NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) George		Ryan	DEATH March	30 19 66
6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1	B. DATE OF BIRTH	9. AGE (In years IFUN	DER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED		2/22/10	last birthday) Monti	hs Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. F	CIND OF BUSINESS OR			. CITIZEN OF WHAT
uring most of working life, even if retired)	NDUSTRY			COUNTRY?
	Mail	Culpeper	Co. Va.	U. S.
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Samuel F Duan		Berti	e Pullian	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Yes, no, or unkown) (If yes give war or dates of service)	_	TT 7 T	~ 1	
No .		Hugh Ryan	Culpeper, Vi	
18. CAUSE OF DEATH [Enter only one cause par	line for (a), (b), and (c).1	00	-71	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Myocarde	at tu	Jacolion	OHOLI AND BLAIN
11.7 0 1				
Conditions If any which \	J. Toulos	00.00	Ile DI	6
gave rise to immediate	the contract of	- Con		
cause (a), stating the DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	UTING TO DEATH BUT NOT RELA	LED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	L(a) 19. WAS AUTOPSY PERFORMED?
Leastin	ueace)	4.		YES NO
20a. ACCIDENT WAS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item	18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d.	NJURY OCCURRED 20e. PLAC	CE OF INITIRY (Home fa	rm, 20f. (City or town)	(County) (State)
Hour a.m. While	facto	ry, street, office bldg., e	tc.)	(oculty) (oculty)
p.m. 19 at wor	k at work			
21. I certify that (% (this hospital) attend	led the deceased fromMa:	rch 28 19	66 to March 30. I	9.66 that (we) last
			L:30M, from the causes and o	
22a. SIGNATURE	TO TO THE LINE			DATE SIGNED
Walled	and.	ATTENDING	MED. STAFF	2 30 //
22c. PHYSICIAN'S	M.D	PHYS. L	DIRECTOR PHYS.	2-20-66
NAME (Type)	Manday		. a Personala a.	Lack Hock
1 30301178	ingula	Icim		eneval nospa
Ba. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	13 4	23d. LOCATION (City, town br	county) (State)
BURNY 3-3066	1-AIRVIRY	Coursel	wy color	DADIO OLONATUDE
24. FUNERAL DIRECTOR	ADDRESS)	25% REC	D BY REGISTRAR 25b. REGISTI	MAN S SIGNATURE
JORICNAM DENALL	lie is place	ENCE DATE DE	1 4000 000	sila Dandan
11/5 11 7	n. 14/1	AFT	1 2 1866	

VR AI5 (4) 20M 1/65 17

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FUNERAL DIRECTOR: Page

ro FUNER Health

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and 3 ta PM3. Page

pencil in Item 18. Give Pages 1,

within 24 haurs after death.

be executed

This certificate shauld e, writing the ward farwarded ta the Ch

MEDICAL EXAMINER:

TO DEPUTY

certificate,

please execute

should

the funeral directar.

farm

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Office

d "pending" in pencil in Chief Medical Examiner's

delay

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY b. COUNTY Prince George's Maryland MARYLAND. Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits. CLENGTH OF STAY IN 15 write RURAL and give nearest town) Cheverly DOA Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital 5004 Kenmot Street YES NO X 3. NAME OF Middle DATE Lost Month DECEASED (Type or print) Vernon Sanford, SR DEATH S. SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 7 MARRIED NEVER MARRIED lost birthdoy) Months Davs Hours WIDOWED DIVORCED Male White Aug. 1901 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 2 USA during most of working life even if retired) INDUSTRY Washington, DC. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Sanford Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. #4Addre Austin Court (Yes, no, or unknown) (If yes give wor or dotes of service) 577-14-7580 Vernon N. Sanford , Jr. College Park, Md. no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Broncho pneumonia, bilateral DUE TO Conditions, if any, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES K NO

20o. EXTERNAL CAUSE WAS

Hour o.m

PRIMARY Or CONTRIBUTING

20c. TIME OF INJURY Month, Dov. Year

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Port 1| of item | 18.)

Not While

ot work

20d. INJURY OCCURRED

Suicide ,

20e. PLACE OF INJURY (Home, form, (City or town) foctory, street, office bldg., etc.)

(County)

Inquiry &

Undetermined manner

(Stote)

21. I certify that I took charge of the remains described obove, held on Autopsy deoth resulted fram:

CAUSE OF DEATH

Natural causes Accident

ot work

CHIEF MEDICAL EXAMINER

Homicide

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

22. DATE SIGNED

and in my opinion

EXAMINER'S NAME (Type) 23a. BURIAL CREMATION

23b. DATE THEREOF March 25-1966

Kehoe, M.D.

23c. NAME OF CEMETERY OR CREMATORY Washington National

Riverdale, Md.

Address (Street, city, town, or county) 23d. LOCATION (City or Town)

Inspection 3.

3-22-66 (County) (Stote)

24. FUN RAL DIRECTOR

ACTUAL

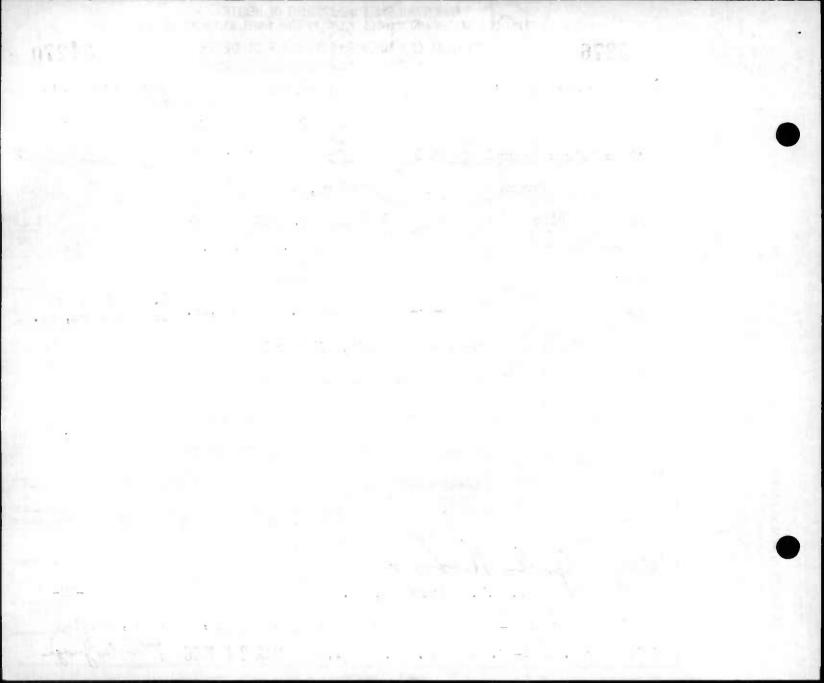
SIGNATURE

ADDRESS Bros. 1661-Gd. Hope RD. SE. Wash. DC 2So. REC'D BY REGISTRAR 1966

Cemeters

Suitland, Maryland 2Sb_REGISTRAR'S_SIGNATUR

VR A15ME (5) 6M 1/66



FOR STATE

HEALTH DEPT.

delay is

This certificate shauld be executed within 24 hours after death. If

2 with the State Department of

Health ar its designated agent, prior ta burial, crematian, ar removal, and in any event within 72 hours after death. 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and

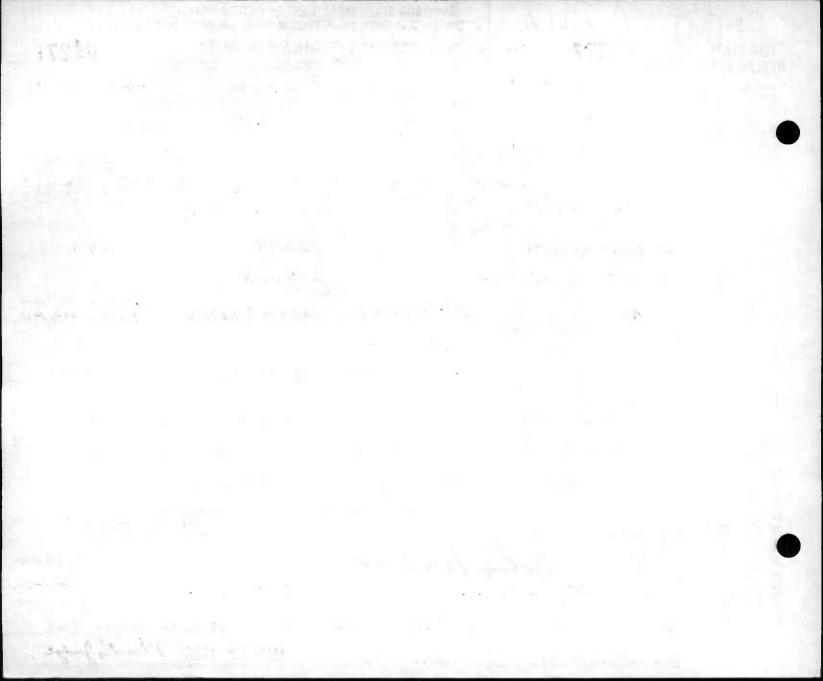
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4	04277	MEDI	ICAL EXAMIN	NER'S	CERTIFICATE O	F DEATH		0427	71
1.	PLACE OF DEATH d. COUNTY Prince George	s	MAR	YLAND	2. USUAL RESIDENCE (Va. STATE Mary)	,	if institution: Resid b. COUNTY Princ	ence before admi	ssion) e 1 s
	b. CITY OR TOWN (If autside carparate lim write RURAL and give peorest tawn) Chever Ly	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or Belts	utside corporate limits,	write RURAL and g	ive neorest town	/
	d. NAME OF HOSPITAL OR INSTITUTION (II Prince George	, , ,	ive street oddress)		d. STREET ADDRESS	46th Aven	ue	e. IS RI ON / YES F	ESIDENCE A FARM? NO
3.		ist Ster	Middle Albert	S	Lost Chettig	4. DATE OF DEATH	Month March	Day	Year 19 66
S.	male 6. COLOR OR RACE white		NEVER MARRIEI DIVORCE		October 2,	9 AGE (In			DER 24 HRS. rs Min.
dı	Da. USUAL OCCUPATION (Give kind of work dan uring mast af warking lite, even if retired) PRRTMENT MANAGER		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State		12. (CITIZEN OF WHAT COUNTRY? U.S.A.	
	3. FATHER'S NAME 9LBERT SCHET	Tig	-		14. MOTHER'S MAIDEN				
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES Yes, no, or unknown) (If yes give war ar dates	of commiss)	OCIAL SECURITY NO.		FORMANT 5. CLARINDA	Schettig	Address 104	101 46°	AVE MD.
	18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	use per line for						INTERVAL ONSET AN MINUT	BETWEEN
	Canditians, if any, which gave	(b) <u>Ar</u>	rterioscle	rotic	heart disc	ease		unkno	wn
NO	PART II. OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PAR	Γ1(α)		RMED?
CFRTIFICATION		20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I ar Part II af iter	n 18.)	YES	NO X
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	20d. IN While ot wark	JURY OCCURRED Not While of work		E OF INJURY (Hame, farm ry, street, office bldg., etc.)		tawn) (C	County)	(State)
	ACTUAL 0 -	ge of the rem			de [], Homicide CHIEF MEDICAL	<u> </u>	Inquiry 🔀 ined monner [y apinio
	SIGNATURE EXAMINER'S NAME (Type) John Kehoe	e, M.D.	1200		DEPUTY MEDICA	AL EXAMINER)	3-1	L2-66
	3d. BURIAL (REMATION, REMOVAL (Specify) 16 MA	RCH 1966			EAVEN		er Spri	(Caunty)	(State)
ч.	24. FUNERAL DIRECTOR JUI. CHAMBERS CO.		ADDRESS	1 D	2Sa. REC'I	BY REGISTRAR	25b. REGISTRAR'S	SHONATURE	L



FOR STATE

pages land2 with the State Department af in any event within 72 haurs after death. Health or its designated agent, priar ta burial, cremation, ar removol, and in any 5 may be retained for your files.

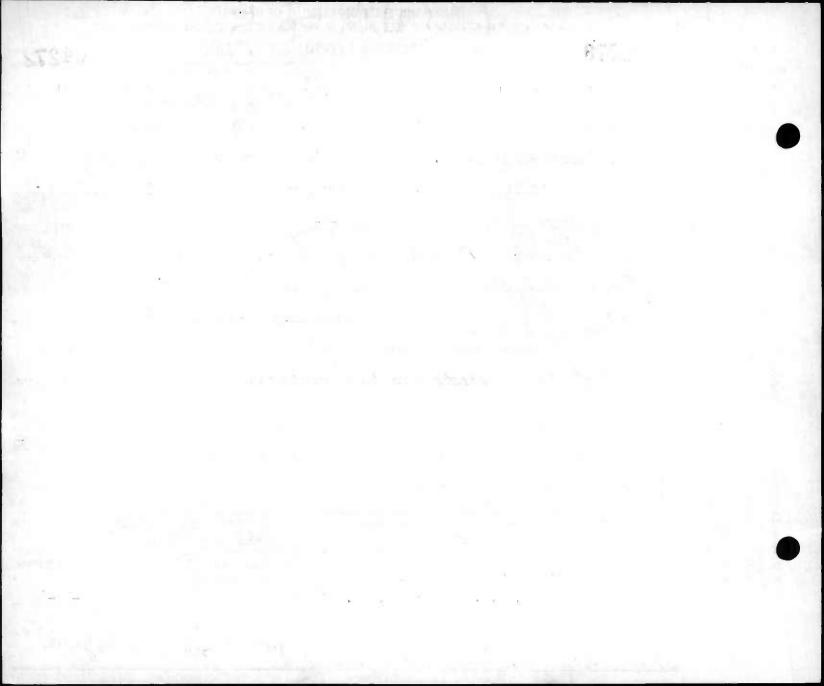
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

d within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page This certificate shauld be executed within 24 haurs after death. If TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

		Division of STATISTICAL RE	SEARCH AND RECORDS, 30	W. PRESTON STR	EET, BALTIMORE,	MARYLAND 21:	201
	0427	8 M	EDICAL EXAMINER'S	CERTIFICATE C	OF DEATH		04272
1.	PLACE OF DEATH				Where deceosed lived, i		ice before odmission)
	o. COUNTY	ince George's	MARYLAND	o. STATE Maryland		Prince G	enreels
	b. CITY OR TOWN (If outside corparote limits,	c. LENGTH OF STAY IN 15		utside corporate limits,		
	write RURAL on	d give neorest town)	DOA	Glen Ar	don		11 1
\vdash		FL TAL OR INSTITUTION (If not in hospit		d STREET ADDRESS	den		e. IS RESIDENCE
		George General			on Avenue		ON A FARM? YES NO 🔀
3.	NAME OF	First	Middle	Lost	4. DATE	Month	Doy Year
	DECEASED (Type or print)	William	L S	crivner	OF DEATH	3	15 19 66
S.	SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		
	Male	Negro WIDOW	ED DIVORCED	2-6-1914	lost birt	thdoy) Months yrs.	Doys Hours Min.
10d dui		V (Give kind of work done 10b life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	774		TIZEN OF WHAT
		Tarmer 1	FARM	Many	Man		431
13	. FATHER'S NAME	X.		14. MOTHER'S MAIDEN	NAME	76 /	,
L	Jume	sylvener		Hear	uett C	Ten	
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	_ /	Address	
,	No	(in pargino wor or do los or survice)	L/A	elemicall	- Dist	er	
	18. CAUSE OF D	EATH (Enter only one couse per line TH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hes		7			INTERVAL BETWEEN ONSET AND DEATH minutes
	4200	DUE TO					
	Conditions, if ony		eriosclerotic b	eart diseas	P		over 2 vre
	rise to immediat stating the unde	e couse (o),					10101 2 313
	last.	(c)					
	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY
CERTIFICATION			- TO FERRITOR TO THE TOTAL TO T	THE TEXTILITY OF THE TOTAL TO		,(0)	PERFORMED?
F	20o. EXTERNAL CA	AIISE WAS 2016	DESCRIBE HOW INJURY OCCURRED.	/Enter nature of injury in	Port I or Port II of item	10 \	YES NO
ERTI	PRIMARY Or CO		DESCRIBE HOW INJURY OCCURRED.	(Eural Holota of Hillota III	roll for roll if of flen	1 10.}	
ALC	CAUSE OF DEATH.	UDV 14 11 D V	L INVIENT COURTS	Ce or muley ///	001 (6)		15
MEDICAL	Hour o.i	m. W		ICE OF INJURY (Home, for tory, street, office bldg., etc.		town) (Co	unty) (Stote)
	21. I certif	y that I took charge of the	remoins described obove, he	eld on Autopsy .	Inspection ,	Inquiry 🔯	ond in my opinion
	deoth result			cide , Homicide		ined monner	1
		1//		CHIEF MEDICAL			1 3541
	ACTUAL SIGNATURE	(Atto)	office	M.O. ASSISTANT MED	DICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S	1117			AL EXAMINER 🔀		
	NAME (Type)	John Kehoe, M.D.	Riverdale, Md.	Address (Stree	t, city, town, or county)		3-16-66
23	BURIAL, TREMATIC		23c. NAME OF CEMELERY OR		L 23d, LOGATION, (C	ity or Town)	(Sounty) (Stote)
	REMOVAL (Specify		6 mx Olive	1 cemete	11/1/	ankiera.	Re me
2	4. FUNERAL DIRECTO	PR 1	ADDRESS	250 . REC	D BX REGISTRAR	2Sh ARBISTRAR'S	IGNATURE 320
2	longe &	Mashweater Vle	42-407 E101400	MAR MAR	24 1966	Jugare	Lugar
-74	AUTUU DI	and mendine	The sold of the	PULL S PAIL			· ·

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate of exputed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defith.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04279
CERTIFICATE OF DEATH

PLACE DE DEATH

LI 2 LISUAL RESURDES (Where deceased lived 16 Institution: Religible 18 Instituti

	04279	CERTIFICATI	E OF DEATH			11977
1.	PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE	E (Where deceased liv	ed, If Institution: Re b. COUNTY	sidence before admission)
	Prince Georges	MARYLAND	Mar	vland	Princ	e Georges
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate li	mits, write RURAL	and give nearest town)
_	Cheverly	14 hrs	Mit	chellsvil	le	16 -1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Prince Georges General H	ospital	Box	37		YES ND
3.		Middle	Last	4. DATE	Month	Day Year
	(Type or print) Roosevelt		Sellman	OF DEATH	Man	19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVED MADDIED TE	B. DATE OF BIRTH	9. AGE (I	n years IFUNDER	VEAR HELINDER 24 HRS
			3 11 10.	last bi	rthday) Months	Days Hours Min.
4 a	. USUAL OCCUPATION Give kind of work done 10b. K	DIVORCED	5-16-17		yrs.	
dur	ing most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Con	unty & State, or foreig		TIZEN OF WHAT
13.	FATHER'S NAME		14 MOTHER'S MAIDI	EN NAME	100	
1	Henry Xells.	nan 49.	marga	net 6	LANGE	20
15: (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. is, in of unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	00 /	Address	1. 10 Jan
	//0	also	seelse	Remar	muck	Wilkell !!
	18. CAUSE DF DEATH [Enter only one cause per I	ine for (a), (b), and (c).		٠		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	te Congestiv	2 Heast F	Pallura	T. P.	ONSET AND DEATH
	4211					
2.	Conditions, If any, which \ Do 6	+ cardiac	0.121		Section 1	224.21.24.29
	gave rise to immediate (1 Caralec.	rycry			
	cause (a), stating the DUE TO					
_	underlying cause last. (c)					
ALIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
100		PAGE LANGE LANGE AND ASSESSED			D. 1 11 . 1 11 10 1	YES NO NO
CERT	20a. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or I	Part II of Item 18.)	
A		NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, far	rm, 20f. (City or	town) (Cour	nty) (State)
	Hour a.m. While	factor	y, street, office bldg., et	c.)	,	
ž	p.m. 19 at worl	at work				
	21. I certify that (1) (this hospital) attend	ed the deceased from	Mar. 1 , 19	66, to Max	2 , 1966	that (I) (we) last
	saw the deceased alive on Mar. 2	<u>19 66</u> , and that	death occurred at 5	_17AA Mrom the	causes and on th	e date stated above.
	22a. SIGNATURE				22b. DA	TE SIGNED
	Edun Hense	M.D.	ATTENDING M	MED. STAI	FF 3/2	/66
	22c. PHYSICIAN'S	m.D.	1 22d. ADDRESS	INCOTON TITL	J. (28)	700
	NAME (Type) Edwin J. Jens	en, M.D.	Prince Geo	rge's Gen	L. Hosp. (Cheverly, Md.
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	city, town or cou	nty) (State)
1	REMOVAL (Specify)	Rd 1 GV	MA	JAC.	(1 sons	MV.
24	. FUNERAL DIRECTOR	ADDRESS	25a. REC	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
1	11100, an Ropant	(A anne h	11/		(val	0
4	MUMMINE COLT	1000000000	DATE	1025	yellend	es Judgo

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Service & Total Company of the Compa Liver of James M.D. . Brisan decrease facility countries to market the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Table 4 linds be retained by the inspirate of accounts progress.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove centon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after than in any event.

VR AI5 (4) 20M 1/65

Harry W/ Penn,

Administrator

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	42.14
1. PLACE DF DEATH a. COUNTY Prince George's AND MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as STATE b. COUNTY Maryland Anne Arunde	? V
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Cheverly 2 hours Laurel 0. STREET ADDRESS d. STREET ADDRESS	B. IS RESIDENCE
	ON A FARM?
3. NAME OF First Middle Last 4. DATE Month Day	
OF (Type or print) Baby Girl Shepard DEATH March 28	19 66
5. SEX 1.6 COLOR OR RACE 1. MARRIED TO MISTER MARRIED TO 8 DATE OF RIPTH 19 ACE (In years HE INDER 1 YEAR	
Female White WIDOWED DIVORCED March 28, 1966 yrs.	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done IOb KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	OF WHAT
none Prince George's, Maryland USA	8
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William Evans Shepard Mary Helen Bolton	
William Evans Shepard Mary Helen Bolton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknown) [(If yes give war or dates of service)]	
no Mother above	
ONG	RVAL BETWEEN ET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Utilization	THE PORTS
7625 DUE TO D + 4	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 139.	WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19.	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) YE 203. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(State)
p.m. 19 at work	and MIV (sup) Lond
saw the deceased alive on March 28/19 66, and that death occurred att: 55.4M, from the causes and on the dat	
22a. SIGNATURE 22b. DATE SI	
22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SII M.D. PHYS. DIRECTOR PHYS. 3/28/6	6
NAME (Turbo)	
Bernardo Alvarado, M.D. 5201 Riverdale Rd. Riverdale, M	
232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county)	(State)
cremation 472/66 Price Geo. Hosp. Cheverly, Marylan	
Alema W Fee () DATAPR 7' 1966 gCharles	udge

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Separate Alvanado, W.D. 8201 Divordale Rd. Elymedale, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please/remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH 6, 301 W. PRESTON STREET, BALTIMORE 1, M E OF DEATH	ARYLAND
		14275
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Prince Georges MARYLAND	a. STATE b. COUNTY Maryland Prince (Converte
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	/	/ /
d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
Prince George's General Hospital	8503 Glendale Road	YES NO
NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Baby Girl "B"	Simmons DEATH March	10 19 66
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	
Female White WIDOWED DIVORCED	March 9, 1966 yrs.	Days Hours Min.
Da. USUAL DCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OF	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
uring most of working life, even if retired) INDUSTRY		UNTRY?
3. FATHER'S NAME	Prince George's, Maryland US	oA
	Susan Jane Simmons	17. 19
William Henry Miller		
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SDCIAL SECURITY NO. 17. (1f yes give war or dates of service)	INFORMANT Address	
7/25	telectusis	INTERVAL BETWEEN ONSET AND DEATH
Cenditions, if any, which by brematurite		
gave rise to immediate cause (a), stating the DUE TD		
underlying cause last. (c)	to the state of th	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from	. 19 to	that (I) (we) last
	death occurred atM, from the causes and on the	
direction decorated unity on, and that	death occurred atin, from the causes and on the	e date stated apove.

CERTIFICATION 22b. DATE SIGNED ATTENDING PHYS. 22d. ADDRESS MED. DIRECTOR STAFF PHYS. PHYSICIAN'S NAME (Type) Andrew G. Aronfa 6803 Good Luck Rd., Lanham, Md. BURIAL, CREMATION, REMOVAL (Specify) Cremation NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City, town or county) (State) Prince Geo. Genl Hosp. Cheverly, Maryland 3/19/66 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Assist.

VR A15 (4) 20M 1/65

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Andrew C. Arcariy, M.D. Scot Look Soc. Lannan, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

> VR AI5 (4) 20M I/65

	MARYLAND STATE DEP	ARTMENT OF HEAL	тн
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
04282	CERTIFICATE	OF DEATH	04976

UTA	J 16		CERTIFICATI	E UP DEATH			01976	
1. PLACE DF D	EATH			2. USUAL RESIDENCE	E (Where deceased	lived, If institution:	Residence before	admission)
a. CDUNTY	Prince George			a. STATE District	of Colum	b. COUNTY		
h CITY DR	TOWN (if outside corpora		MARYLAND 1 c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If o			L and give near	est town)
write RL	IRAL and give nearest tow	m)	C. ELINGINI DI SIAI IN 10	C. OITT DR TOWN (II C	outside corporat	o mines, mile nome	a and give noun	
Camp Sp			152 days	Washingto	n	1	17-3	
d. NAME Of	HOSPITAL OR INSTITUTIO	ON (If not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RI	ESIDENCE A FARM?
USAF Ho	spital Andrew	vs, And	rews AFB DC	Bolling A	ir Force	Base	YES	ND 🔼
3. NAME DF DECEASED	FI	rst	Middle	Last	4. DATE	Month	Day Y	rear .
(Type or pr	Int) ZE	LT.		SKEEN	DEATH	March	5 19	9 66
5. SEX	6. COLOR OR RACE	7. MARRIED	K NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IFUNDE		
Fem	Cau	WIDOWED		4 June 1923	4.2	birthday) Months	Days Hour	rs Min.
	UPATION (Give kind of work			11. BIRT HPLACE (Con	unty & State, or fo	yrs. reign country) 12. (CITIZEN OF WH	AT
during most of	working life, even if retire	d) I	NDUSTRY				DUNTRY?	
Housew					t Virgin	ia U	3	
13. FATHER'S				14. MOTHER'S MAIDE	EN NAME			
John M	fobley			0+++0	Convon			
15. WAS DECEA	SED EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY ND. 17.	INFORMANT	Carver	Address		
(Yes, no, or unko	SED EVER IN U.S. ARMED FO wn) (If yes give war or dates o	f service)	An	drews V Skee	~ 20p ti	estover Av	TO DATE	
				OLEME A DYGG	n ZOD W	escover Av	I INTERVAL E	DETWEEN
	OF DEATH [Enter only on I. DEATH WAS CAUSED BY			Par ind			DNSET AN	D DEATH
FART	IMMEDIATE CAUSE	(a)	ESPIRATORY	PAILURE				
170	X DUE	TO 415.	*	4 - 11 - 11 - 4	- 4 00		FU	00
Conditions,	If any, which	(b) ME	TASTATIL CAR	CLNONA (of 13k	EAST	54	KJ,
	to immediate DUE							
	, stating the DUE cause last.							
		(c)	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITIO	N GIVEN IN PART 1(a)		AUTDPSY
ATI	NONE						PERFO	ORMED?
2						6 4 11 -7 14 4	YES [ND
PART II. DTI	PENT WAS UNDERLYING DENTING CAUSE OF DEA, NOTIFY MEDICAL EXAMI	TH NER) 20b.	DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of	Injury In Part I	or Part II of Item 1	5.)	
	DF INJURY Month, Day,		NJURY DCCURRED 20e. PLA	CE DF INJURY (Home, far	m.l 20f. (City	or town) (Co	ounty)	(State)
0	a.m.	While	facto	ry, street, office bldg., et	c.)			
¥	p.m. 19	at wor			7 - 10	-11		
	ertify that (this hos	oital) attend	led the deceased from	death occurred at 0	64 to 5	March, 190		
	deceased alive on	J Flore	ch 19 (66, and that	death occurred atv	3 2 M, from ti		DATE SIGNED	ed appve.
22a. SIGN	ionald R.	Brak	Le. MD M.	ATTENDING M		TAFF D 5	March	64
22c. PHYS	SICIAN'S IE (Type)		,	22d. ADDRESS				
REMOVAL	(Specify)	THEREOF	23c. NAME OF CEMETER			ON (City, town or co		(State)
24. FUNERAL	DIRECTOR2 Marc	,,,	966 Gosher	Cemetery 25a. REC	D BY REGISTRAL	On W. V.	R'S SIGNATURE	
	us disparen	// Du	men wood		17 196	goliane	les Judg	1
12 de 1	men Little	C-47 6	denter 10,914	- DATEAR	1 30		1	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH

PM3. Page

Office along with form

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Ind 2 with the Stote Deportment of event within 72 hours after death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's

This certificate should be executed within 24 hours after death. If

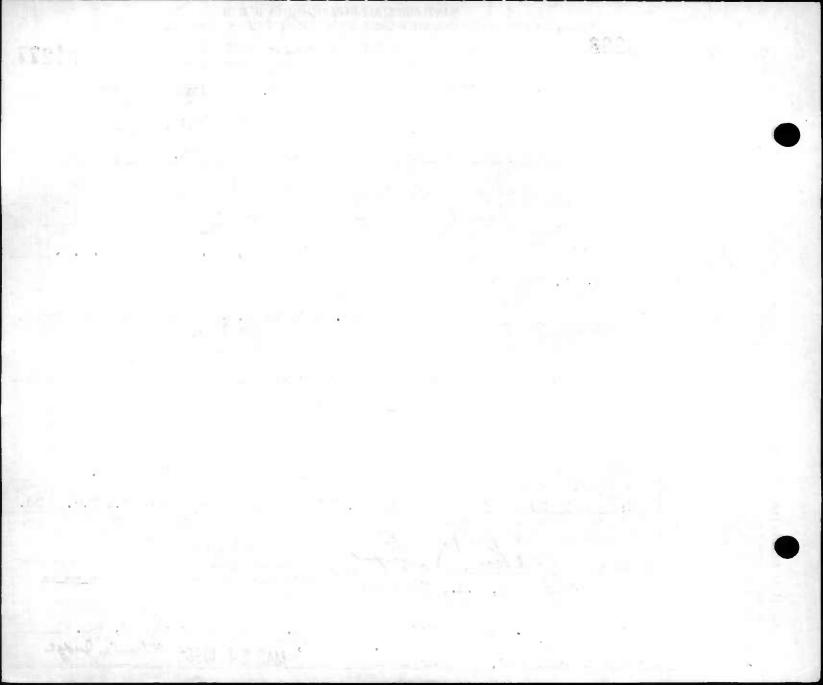
AL EXAMINER:

TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File page Health or its designated agent, prior to buriol, cremotion, or removal, and in 5 may be retained for your files.

VR A15ME (5)

	04283	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	04277					
	LACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if instituti						
	COUNTY	George MARYLAND	o. STATE b. COUNTY Prince C	reorge					
t	CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUF						
	write RURAL and give nearest town) Cheverly	DOA	Hyattsville	16-1					
- 0	. NAME OF HOSPITAL OR INSTITUTION (If not in	40.00	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
	D : 0		703 Sheridan St.	YES NO TA					
3 1	Prince George Gene	Middle	Lost 4 DATE Mont						
	DECEASED		OF						
S. S	Type or print) Geo:		Slavin DEATH 8. DATE OF BIRTH 9. AGE (In years	3 20 19 66 Tif under 1 year Tif under 24 hrs.					
3. 3	,		last birthdoy)	Months Days Haurs Min.					
	177	WIDOWED DIVORCED	15 May 1933 32 yrs.	L to sizizin or william					
	USUAL OCCUPATION (Give kind of work done ng mast of walking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	Baker		Riverdale, Md.	U.S.A.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Horace A. Slavi		Gladys Good						
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? , na, ar unknown) (If yes give wor or dates af so	16. SOCIAL SECURITY NO. 17.	INFORMANT Addre	\$5					
(16:	NO	Mı	r. Horace A. Slavin (a	above address)					
	18. CAUSE OF DEATH (Enter only one cause	per line far (a), (b), and (c).)	(Father)	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	611 3	(100011000)	ONSET AND DEATH					
	8 2 3 4 DUE TO								
	Conditions if any which nave >	Bilateral he	Minutes						
	rise to immediate couse (o), (THOUSE CO.						
	stoting the underlying cause (c)	Trauma-auto	aggident						
			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY					
<u>%</u>	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERRITAL DISEASE CONDITION OF THE TAKE TO	19. WAS AUTOPSY PERFORMED?					
CERTIFICATION	20g. EXTERNAL CAUSE WAS	Lear persone how willow accurate	//	YES NO 3					
RTIF	PRIMARY X or CONTRIBUTING		(Enter noture of injury in Part I or Part II of item 18.)	9					
	CAUSE OF DEATH.	Driver of car wh	ich ran off road and ait						
WEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m.	20d. INJURY OCCURRED 20e. PLA While Not While	ACE OF INJURY (Hame, farm, 20f. (City or town)	(County) (State)					
W	5:20p.10m 3 20 19	65 at wark at wark Rt.	tary street, office bldg., etc.) 202 near Lottsford Vista	Rd., P.G. Md.					
	21. I certify that I took charge of	of the remoins described above, he	eld an Autopsy 🔲 , Inspection 🕱 Inqu	iry , ond in my opinion					
	deoth resulted from: Notural	cgOses Accident . Suid	cide , Homicide Undetermined me	onner					
	0	17 17	CHIEF MEDICAL EXAMINER						
	ACTUAL SIGNATURE	1000	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED					
	EXAMINER'S John Kehoe	, M.B., Riverdale	DEPUTY MEDICAL EXAMINER 😾	3-20-66					
	John Vence	- Plate - ILLVCIUGEC	4.11 (61 4.25 4.25 4.3						
	NAME (Type)	,,	Address (Street, city, tawn, or county)						
23a.	BURIAL, CREMATION, 23b. DATE THERE			wn) (County) (Stote)					
23a.	BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Tox	, , , , , , , , , , , , , , , , , , , ,					
	BURIAL, (REMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR 66 Fort Lincol	CREMATORY 23d LOCATION (City or Tov						



FOR STATE **HEALTH DEPT**

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This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

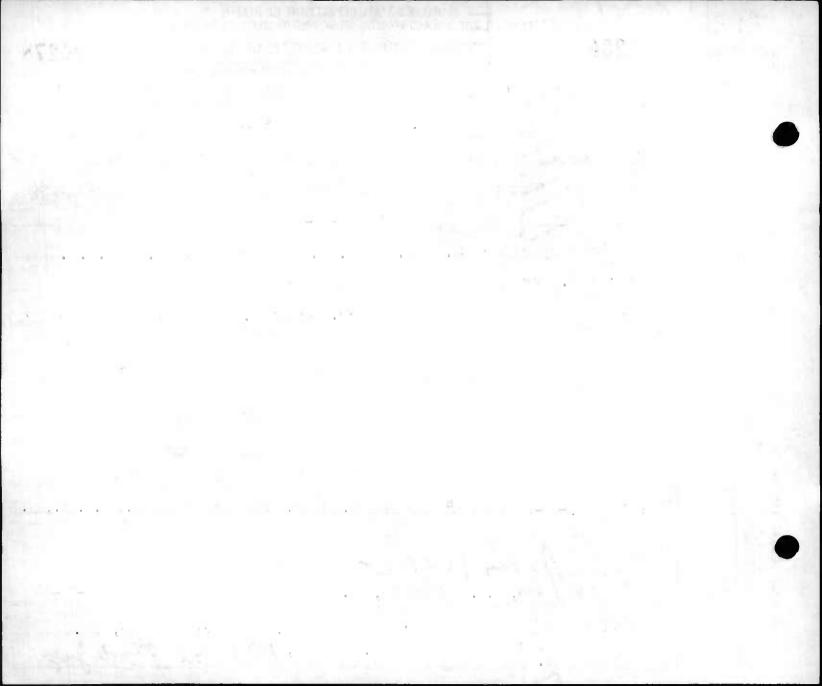
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Department of Health ar its designated agent, priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04284		MED	ICAL EXAMIN	IER'S	CERTIFICATE O	F DE	ATH		()	42	78
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dec	eased lived, if institu	tion: Reside	nce before	admissi	on)
-	o. COUNTY	0	1 -	MARY	TAND	a. STATE		b. COU		0000	1010	
-	h CITY OF TOWN (nce George If autside carparate limi	t S	c. LENGTH OF STAY I		Maryland	teido com		ince G			
	write RURAL and	give nearest tawn)	115,	C. LENGIN OF SIAT IS	N ID	·				e nediezi	luwn)	
	Cheverl	V		9 days		Hyattsvill	le		16			
- (d. NAME OF HOSPIT	AL OR INSTITUTION (If r	nat in haspital, g	ive street oddress)		d. STREET ADDRESS				6	ON A F	DENCE
	Daines C	namma Cama	mal Hag	0:+07	1	703 Sherid	ion (Stroot			ES T	
	NAME OF	eorge Gene	irst nos	Middle	1	Last	4. DAT		th	Day	Ye	
	DECEASED			MIOOIE	-		OF		-	,		
	(Type or print)	Glad				lavin	DEA		3	29	19 (
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	Days Days	IF UNDER	Min.
Te	emale	White	WIDOWED	DIVORCED		-29-1913		52 yrs.	manins	Duys	HOUIS	IVIII).
		(Give kind of work done	e 10b. KII	D OF BUSINESS OR		11. BIRTHPLACE (State	ar fareiai	1 //~	12. C	TIZEN OF	WHAT	
	ing most of working	life even if retired)	INI	USTRY		,	9		C	OUNTRY?		
		one Opera	tor C	. & P. T	ele.	Co. Hage	rst	own, Md.	L_U	.S.	1	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
	George	C. Good				Dora Yo	ung					
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	7 16.5	OCIAL SECURITY NO.	17. IN	FORMANT	NA CO	Addr	ess			
(Ye		(If yes give war ar dates	af service)		T.F.~	Homoso A		70000 /-	2	- 3	3)
_	No				I MIT.	. Horace A			bove			
	1B. CAUSE OF DI	EATH (Enter only one co IH WAS CAUSED BY:					sba	nd)			RVAL BET	
	TAKT I. DEA	IMMEDIATE CAUSE	(a) Lace	ration of	brain	0					lys	LAITI
	823	4 DUI	E TO									
	Conditions, if any	which gave)	(b) Trans	ma - Auto	acci	dent.						
	rise to immediat	e cause (a),	E TO		للبماعلك							
	stating the unde	rlying couse	(1)									
	last.	,	(c)							1		
z	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT REL	ATED TO TH	HE TERMINAL DISEASE CON	IDITION G	GIVEN IN PART 1(a)		19.	WAS AUTO PERFORM	FD3
AT10												NO 🗔
MEDICAL CERTIFICATION	20a. EXTERNAL CA	USE WAS	20b. DES	CRIBE HOW INJURY OF	CURRED. (Enter nature of injury in F	Port I or	Port II of item 18.)				
ERT	PRIMARY Dor CO	NTRIBUTING 🗆			,			,		-		
AL (CAUSE OF DEATH.		Pa	ssenger of	car	which ran	off	road and	hit a	DO_C	9	C
DIC	20c. TIME OF INJU	JRY Month, Day, Year	200. IN	JURY OCCURRED	forta	E OF INJURY (Hame, farm ry, street, affice bldg., etc.)	, 201	f. (City ar town)	lec	υπτγ	(Stote)
×	5 + 20 mm p.r	n. n. 3–20– ¹⁹	66 at wark	at wark	Rt.	202 nr. Lot	tsfo	rd Vista	Rd	P.G.	0.1	Id.
	21. L'certif	v that I took chara	e of the rem	oins described ab		d on Autopsy ,			uiry 🔀			opinion
				. Accident 🔀				Undetermined m		7	,	
	000111 103011	1	7	, Meldelly La,	JOICK	CHIEF MEDICAL			TOTILIEI [_		
	ACTUAL	1120		ala						2	2. DATE	SIGNED
	SIGNATURE	WF	my !	1-1		_ M.D. ASSISTANT MEDI				_		
4.1	EXAMINER'S	Talla tahan	1/ T)	Dirondolo	3/12	DEPUTY MEDICA				2	30-6	6
	NAME (Type)			Riverdale,		Address (Street,						
230	BURIAL, CREMATIC	ON 23b. DATE TH	HEREOF	23c. NAME OF CEME	TERY OR C	REMATORY	23d.	LOCATION (City or To	own)	(County)	(S	tate)
	BUT 1 a 1	4/1/	66	Fort L	inco	ln Cem.	Cr	lmar Ma	nor	Md.		
24	FUNERAL DIRECTO	R Nalley!	- 17	2230004		2So. REC'D	BY REGI	ISTRAR 2Sb. R	EGISTRAR'S	SIGNATUR	ŧ	
	Hom	Nattey	s Fune:		t.Ra	inier 250, RECO	74	1966	Clear	Cen 1	usia	21

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examing of Affice along with farm PM3. Page VR A15ME (5)



1/2

TO FUNE IN DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canone carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04285
CERTIFICATE OF DEATH

	しなると	3			CERTIF	FICATI	OF DEAT	H				01	971	1
1.	PLACE OF OEAT	Hairon C	0.000	0			2. USUAL RESIDE	NCE (Wher				Residence	before a	dmission)
	a. COUNTY	rince G	eorg	9	1444	OVI ANO	a. STATE	anvl:	and	b. COUNT	IY Din.	ince	2 60	10
	b. CITY OR TOW	/N (if outside corpo	rate limit	s. 1	c. LENGTH OF ST	AY IN 1b	C. CITY OR TOWN	If outside	corporate IIr	nits, writ	e RURAL	and gly	e neares	st town)
	write RURAL	and give nearest t	own)		1 4	011	Co110	- 0		D.F.A.			,	1
_		SPITAL OR INSTITUT	TION (if no	of In hos	L U	cly	d. STREET AOORES	ge ra	IIK,	F.C			. IS RES	LOCKET
	Desine	^	1.1	ot ill nos	pital, give street	audress)	d. STREET AUURES	. 7 6	1.0				ONA	FARM?
	LL.TU(ce beorge	e 110.	SDI	121		4018 3	11110	and Ur			Y	ES 🗌	NO I
3.	NAME OF DECEASED	0:	First	-	Middle		Last	4. DA	TE	Month		Day	Ye	ar
	(Type or print)		narl	08	F	Smit	Sr.		ATH	3		22	19	66
5.	SEX	6. COLOR OR RAC	E 7. MAI	RRIEO 🗵	NEVER MARR	EO E	. OATE OF BIRTH		9. AGE (In	years I		-		
	M	W Comment	WIO	OWEO [OIVORO	E0 🗍	8-13-0	7A	last bij	yrs.	Months	Oays	Hours	Min.
10	a. USUAL OCCUPAT	TION (Give kind of wo ling life, even if reti	rk done	10b. KIN	O OF BUSINESS	OR .	11. BIRTHPLACE	(County & S	tate, or foreign		12. C	ITIZEN	OF WHAT	r
		ontractor	red)	Z.S.	Lowe (7.0		Arkan	626			S		
13				2.0.	Lowe (50.	14. MOTHER'S MA				1 0		4.4.4	
		s Pearce	Smit	·h			Lula A							
16		EVER IN U.S. ARMEO			TOTAL OFOURIEWS	10 [17	INFORMANT	ndera	3011	Address				
(Y	es, no, or unkown)	(If yes give war or date	s of service)	1	OCIAL SECURITY!					Address	S			
	no			318	07 097	-	Hospital	Rec	ords					
		OEATH [Enter only		per line	for (a), (b), and	(c).]						INTE	RVAL BE	TWEEN
	PART I. OI	EATH WAS CAUSED I	BY: SF (a)	Cer	ebral He	mmorh	age right	inter	nal car	sule		0113	LI AIIO	ODAIII
	23		E TO										100	
	Conditions, If		(b)											
	gave rise to	\ AI	JE TO								17-1			
	cause (a), s underlying caus	tating the										1		
NO.			(c) TIONS CON	TRIBUTI	ING TO OEATH BU	TNOTRELA	TEO TO THE TERMINA	LDISEASE	CONDITIONG	VEN IN P	ART 1(a)	119.	WAS AL	
ATI					130 114-11							VE	PERFOR	NO T
CERTIFICATION	202 ACCIDENT	WAS UNDERLYING		Ob. OE	SCOIRE HOW IN	IIIPY OCCII	RREO. (Enter nature	of Indusy I	n Part I or P	art II of	item 18		<u>Д</u>	
ERT	OR CONTRIBUT	ING CAUSE OF O	EATH	.uu. u.	SOKIDE HOW IN	OKT OCCO	MALO. (Litter Hataro	or mjury i	ii i aic i oi i	211 11 01	1000 10	'		
1 0				001 1011	110V 000110050	100- 014	- 05 10 11 10 10 10 10	f- 1 00	(D)		(0.0)		- 1	Ctotol
MEDICAL	20c. TIME OF Hour a.i	INJURY Month, Oa		While -	URY OCCURREO Not While	factor	E OF INJURY (Home, y, street, office bldg.	, etc.)	of. (City or t	own)	(COL	inty)	(;	State)
ME	р.			t work	at work		Heat In 19							
	21. I certif	fy that (I) (this ho	spital) a	ttended	the deceased	from	- 2	1950	to 3 .	12	, 19/0	C, th	at (1) (we) last
		ceased alive on_	3-	26	19/9/	and that	death occurred at	D: M	, from the o	auses a	nd on t	he date	stated	above.
	22a. SIGNATIO	RE 1	1	1,	1			/		-	22b. 0	ATE SIG	NEO	
		March	15	u	-	M.0		MEO. OIRECTO			3/	23/6	6	
	22c. PHYSICIA NAME (T		Des+	- M	D		Prince Ge	20000	e Plan	э н	watt	ewil	10	ма
	TAME (I	ype) Aaron	Deit	Z, M	· D ·		Trance G	corge	2 1 1 4 2	d, 11	yatt	2411	те,	Ma.
238			E THEREO	F	23c. NAME OF	CEMETERY	OR CREMATORYX		LOCATION				(S	tate)
1	Burial (Sp	ecify) March	25,	196	6 Ft L	incol	n	0	lmar M	anor	, Mo	d.		
3	. FUNERAL OIRE	1	,		AOORESS			EC'O BY R	EGISTRAR 2	5b. RE	GISTRAR	S SIGN	ATURE	
	F. Gasc	h's Sons	Hya	ttsv	ille, Mo	d.	OAM/	K 28	1966	fu	iare	Po y	udge	4
-							I UNIE							

VR AIS (4) BP

anace to control of the control of t nga sa ca ser i Live to the least the second tinters outstal today on from the lander -Some Manager colored to the three storages LIAR 2.5 TEST A TOWN THE THE THE Light White Problem Carries of the

FOR STATE DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page delay is and 2 with the State Department of This certificate shauld be executed within 24 haurs after death. If TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

event within 72 hours after death.

Health or its designated agent, priar ta burial, cremation, or remayal, and

Items 18&20 Film G379 7/MARYCAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04280

04286 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH			ere deceosed lived, if institution: Resi	dence before odmission)					
o. COUNTY Prince George	MARYLAND	o. STATE	b. COUNTY Prince George						
b. CITY OR TOWN (If autside corparate limits.	c. LENGTH OF STAY IN 1b		de corporote limits, write RURAL ond	give neorest town)					
write RURAL and give nearest town) Bladensburg		Bladenst	22.1 2 22	6 - 1					
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS	<u>ми. в</u>	e. IS RESIDENCE					
Home		4107 518	st	ON A FARM?					
3. NAME OF First	Middle	Lost 4	A. DATE Month	Doy Year					
(Type or print) Ethe	el Mildred	Smith	OF Mar.	24 19 66					
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		ER I YEAR OF UNDER 24 HRS.					
F W	WIDOWED DIVORCED	14 Dec., 191	lost birthdoy) Month	Doγs Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or	foreign country) 12.	CITIZEN OF WHAT					
during most of working life, even if retired)	Nursing	Maryla	and	COUNTRY? A					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM							
Pahant C Davit									
Robert S. Paxt		INFORMANT	Address						
(Yes, no, or unknown) (If yes give war or dates af ser	rvice)219 34 7998	Judith Guice	Kentland, Md.						
18. CAUSE OF DEATH (Enter only one couse p				INTERVAL BETWEEN					
PART I, DEATH WAS CAUSED BY:	Intoxication			h ONSET AND DEATH					
4701 IMMEDIATE CAUSE (6).	Y 7 - IMMEDIATE CAUSE (0)								
Conditions, if ony, which gove) (b)	Overdose of med	icetion (tv	ne unknown)	hrs.					
rise to immediate couse (o),	Overdobe of med	2002011 (0)	pe amenomy						
stoting the underlying couse (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	DIDITING TO BEATH OUT NOT DELATED TO	THE TERMINAL DISEASE CONDIT	TION CIVEN IN DART 1/a)	19. WAS AUTOPSY					
PAKE II. OTHER SIGNIFICANT CONDITIONS CONTI	KIBOTING TO DEATH BOT NOT KEENTED TO	THE TERMINAL DISEASE CONDI	HON SIVEN IN PART I(0)	PERFORMED? YES NO					
200. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Por	t Lor Port II of item 18)	13 🔯 110 🗀					
PRIMARY S or CONTRIBUTING CAUSE OF DEATH.									
20c. TIME OF INJURY Month, Doy, Year	Took overdose of	Medication CE OF INJURY (Home, form,	20f. (City or town)	County) (Stote)					
Hour som.	While Not While foot	ory, street, office bldg., etc.)		(31016)					
7.70 p.m. 7/27 1/0	d of work of work	Home	Bladensburg P	G Md					
	21. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🔀, Inquiry 🙀 ond in my opinion								
deoth resulted from: Noturol of	ouses , Accident , Suid	ide 🔀, Homicide 🕻	, Undetermined manner						
ACTUAL SIGNATURE	1 / the	CHIEF MEDICAL EXA		22. DATE SIGNED					
	oe, M.D., Riverdale	DEPUTY MEDICAL E Address (Street, ci	EXAMINER (Ty, town, or county)	3-26-66					
230. BURIAL, CREMATION, 238. DATE THEREO	F 23c. NAME OF CEMETERY OF	erematory—	23d. LOCATION (City or Town)	(County) (Stote)					
Burial (Specify) Mar. 28	. 1966 Ft Lincol	n Cemetery	Colmar Manor,	Nia					
24. FUNERAL DIRECTOR	ADDRESS	2Sq. RECD B	Colmar -anor,	S SIGNATURE					

VR A15ME (5) 6M 1/66

5 may be retained far yaur files.

TO DEPUTY MEDICAL EXAMINER:



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealn.

		MARYLAND	STATE DE	PARTM	ENT OF	HEALTH		
IVISION	OF STATISTICA	L RESEARCH AN	D RECORD	S, 301 W.	PRESTON	STREET,	BALTIMORE 1	
287		CEI	RTIFICAT	E OF	DEATH			0428

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND 04981
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12c. CI (COUNTRY) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS OECEASED EYER IN U.S. S. C. 15. WAS OECEASED EYER IN U.S. ACCOUNTRY 16. SOCIAL SECURITY NO. 17. INFORMANT 17. Address	and give nearest town) 9. IS RESIDENCE ON A FARM? YES ND W Day Year 1966 1 YEAR IF UNDER 24 HRS. Oays Hours Min. TIZEN OF WHAT UNTRY?
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) Parkussuss	INTERVAL BETWEEN ONSET AND DEATH
saw the deceased alive Dn $3-7$ 1966, and that death occurred at 230 fm, from the causes and Dn th	nty) (state)
23a. BURIAL, CREMATION, 23b. OATE THEREDF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or countries of the co	Pa s signature

VR A15 (4) 20M 1/65

tyl-26-1333 hm. maswe Table, Silver towler . Septender

ATTEMPT OF THE PARTY OF THE PARTY.

former and the second of the second second

FOR STA

State Deportment of 72 hours after death.

Health or its designated agent, prior to buriol, cremotion, or removal, and in any event 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as 0

PM3. Page deloy is 2, ond 3 to necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form in pencil in Item 18. Give Poges 1, This certificate should be executed within 24 hours ofter deoth.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0428	8	N	NEDIC	AL EXAM	INER'S	S CI	ERTIFICATE O	F DE	ATH		042	282	
	PLACE OF DEATH							2. USUAL RESIDENCE (V	/here de			ce befar	admissi	on)
	o. COUNTY	George's			MA	RYLAND		o. SIATE Maryland		b. con	rince	Gen	nge I	G
\vdash	b. CITY OR TOWN (If autside corporate limit	5	1	LENGTH OF STA		# ,	c. CITY OR TOWN (If our						5
	write RURAL one	d give neorest tawn)	-,		DOA					parato minis, milo no	inte una gri	11	/	
\vdash		, <u> </u>			2000		-	Hyattsvi d. STREET ADDRESS	TTG			16 -	- C DEEL	DENICE
		TAL OR INSTITUTION (If no										'	ON A F	ARM?
		George's Ge		l Ho				7415 Ard						NO X
	NAME OF DECEASED		rs†		Middle			Last	4. DAT	TE Man	th	Day	Ye	ar
	(Type or print)	Wil	liam	1	Court	ney		Stevenson	DEA			12		66_
S.	SEX	6. COLOR OR RACE	7. MAR	RIED X	NEVER MARR	IED 🔲	8.	DATE OF BIRTH		9. AGE (In years last birthdoy)	Months	Days	IF UNDER	R 24 HRS. Min.
	male	white	WIDO	OWED _	DIVOR	CED 🗌		10-3-30		35 yrs.	Molitiis	Days	110013	MUI.
10a	. USUAL OCCUPATION	(Give kind af wark dane	1		OF BUSINESS OR			11. BIRTHPLACE (Stote	or foreig	n country)		TIZEN OF	WHAT	
dur	ing most of working Ving for	lite, even it retired)		CODS	tructi	on		Kentu	cky		4	UNTRY?	A	
_	FATHER'S NAME			00110	01 40 01	011	1	14. MOTHER'S MAIDEN N	AME					
	Roy	Stevenson						Mae Ca	rte	r				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		16. SOCI	AL SECURITY NO			ORMANT		Addr				
(14	yes	(24 Assine Adean of 12	3 Tervice)	400	34 428	8 L	il	lian H Ste	ven	son Hyatt	svill	e,	Md.	
F		EATH (Enter anly one cau	se per lii	ne far (a)	(b) and (d)								RVAL BET	WEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE	7.7		Failur	e						ONS.	nute	EATH
	4200	DUE	(0)		2 0020002							421.4	1100	
	Conditions, if any			rt.er	ioscler	otic	He	art Diseas	P			ove	n B	mon.
	rise ta immediat	e cause (a),	(-)		2000201	0020	A 1. O	Jar o Dicomb				1000	1 0	IIIOII.
1	stoting the unde	rlying cause												
		JONIES ANT CONDITIONS	(c)	TINO TO D	CATH DUT NOT I	FLATED T	O THE	TERMINAL DISEASE COM	DITION	ONEN IN DARK IV		110	WAS AUT	OBCV
S	PART II. UTHER ST	IGNIFICANT CONDITIONS C	ONIKIBU	TING TO D	FAIH BUI NOI F	CELATED TO	UTHE	: TERMINAL DISEASE CON	DITION	SIVEN IN PAKT I(0)			PERFORM	ED?
R												YE	S	NO X
CERTIFICATION	20a. EXTERNAL CA PRIMARY □ or CO		21	Ob. DESCRI	8E HOW INJURY	OCCURRE	D. (En	ter nature of injury in F	art I or	Part II af item 1B.)				
8	CAUSE OF DEATH.	minibornio 🗀												
MEDICAL		URY Manth, Day, Year			Y OCCURRED			OF INJURY (Home, farm	, 20	lf. (City ar tawn)	(Ca	unty)	(Stote)
ME	Haur o.r	10	,	While at work	Not While] [octory	, street, office bldg., etc.)						
		y that I taok charge				above	held	an Autansy	Insne	ection X, Inq	uiry 🗓,	and	in my	opinion
	death result				Agrident [Hamicide	LII.she	Undetermined m	-	7	III IIIy	орипон
	death leson	led Holli. Halold	Luuse	الما ا	Adideili		riciae	CHIEF MEDICAL	EVA MAINIC		idililei [_	J		
	ACTUAL	11	/	W.	har							2	2. DATE	SIGNED
	SIGNATURE	May W	-	<u>u</u>	1 /			M.D. ASSISTANT MEDI DEPUTY MEDICA					3-13	-66
	EXAMINER'S NAME (Type) JA	hn Kehoe M	.D.,	Riv	erdale,	Mary	yla	nd Address (Street,					J-1.J	-00
230	BURIAL, CREMATIC	ON, 23b. DATE TH		2	3c. NAME OF CE	METERY O	R CRE	MATORY	23d.	LOCATION (City or To	iwn)	(County)	(5	tate)
	Burial Specify	March :	16,	1966	Arli	ngto	n I	National	A	rlington.	Virgi	inia		
24	ELINEDAL DIDECTO	16			ADDRESS		-	2Sa. REC'D	BY REG		EGISTRAR'S S			,
	F. Gas	sch's Sons	Ну	atts	ville,	Md.		DAMAR	17	1966 8	Charl	es of	udge	-

necessory, please execute the certificate, writing the word

AL EXAMINER:

TO DEPUTY

STATE OF THE PROPERTY OF THE P

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04284

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE

C)F	1	D	E	A	Ţ	Н		1					1)4	\$2	83
2.	US	ΰ	AL	RE	SII	DEI	VCE	()	Vhere	deceased	lived,	1f	institution:	Residence	before	admis
	a.	S	W	TE	22.0	1	271	4			b.	ct	UNITY	Geor	200	1e

	C TRECE	,		1/7 7 7 7	25 1-121 1/7				X / U	U
1.	PLACE DF DEAT a. COUNTY	Н		Ltem #7-Pllm-b3	2. USUAL RESIDE		ed lived, If institut	tion: Residence	before ad	lmission)
	Prince	George's		MARYLANO	a. STATE Maryl		Prin	ce Geo		
	b. CITY OR TOW	/N (if outside corpo and give nearest t	rate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor	ate limits, write f	RURAL and gl	ve neares	t town)
	Chever		own,	2 days	Seat	Pleasant		16-	-1	
	d. NAME DF HD	SPITAL OR INSTITUT	TION (If not in h	ospital, give street address)	d. STREET ADDRES	S			e. IS RESI	
	Prince	George's	General	Hospital	6737	Rosevelt	Avenue			NO 🗌
3.	NAME OF DECEASED		First	Middle	Last	4. DATE	Month	Day	Yea	ir
	(Type or print)	W	esley	E	Stewart	OF DEATH	March	11	19	66
5.	SEX	6. CDLDR OR RAC	E 7. MARRIED	NEVER MARRIEO	8. OATE OF BIRTH	9. A	GE (In years IFU	INDER 1 YEAR	IF UNDER	24 HRS.
	Male	White	WIOOWED		1-16-28	38	y13.		Hours	Min.
10a	a. USUAL DCCUPAT	TION (Give kind of wo	rkdone 10b. F	NDUSTRY	11. BIRTHPLACE	County & State, or	foreign country)	12. CITIZEN CQUNTRY		
,	Marke		lan	Muchin	Want	matri	D.C.	26.	-a	
13	. FATHER'S NAM	1E	1		14. MOTHER'S MA	IDEN NAME	0.			
,	Flans	, 2/10	110 × X		Porina	Ph.	Land			
		EVER IN U.S. ARMED		SOCIAL SECURITY NO. 17.	INFORMANT	n	Address	34030	Form .	. 1
(1)	es, no, or unkown)	(If yes give war or date	es of service)	78-18/18/37	e: li	1 A	0- 2		:1000	21.
	I 18. CAUSE OF	DEATH [Enter only	one cause per	line for (a), (b), and (c).]	no de	wain	-7. 340	INTE	RVAL BET	TWEEN
		EATH WAS CAUSED	BY:	1 + 10	1 2 + 1			ONS	SET AND O)EATH
	587	IMMEDIATE CAUS		score pun	creatit	7_5				
	Conditions, If		JE TO					20		
	gave rise to	Immediate	(b)							
	cause (a), s	tating the	JE TO							
z	underlying caus		(c)							
CERTIFICATION	PART II. DIHER	SIGNIFICANTCONDI		UTING TO DEATH BUTNOT RELA	TEO TO THE TERMINAL	L DISEASE CONDIT	IDN GIVEN IN PAR	4	WAS AU PERFORI	MED?
E	2Da. ACCIDENT	WAS UNDERLYING	□ 20b.	potomegaly DESCRIBE HOW INJURY OCCU	IRRED (Enter nature	of Injury in Part	Lor Part II of Ite			W
CERI	DR CONTRIBUT	ING CAUSE OF DITIFY MEDICAL EXAM	EATH		Mices (Elicor Materia	,,		20,7		
EOICAL	2Dc. TIME OF Hour a.i	INJURY Month, Oay		facto	CE OF INJURY (Home, ry, street, office bldg.		ty or town)	(County)	(S	State)
MEC		m. 1	9 While at wor				66311			
	21. I certif	fy that (this ho	spital) attend	ed the deceased fromN	larch 9	19 66 , to Ma	arch 11	19 66, th	nat (W) (w	ve) last
	saw the de	ceased alive on	March	11 1966 , and that	death occurred at	4:30M, from	the causes and	on the dat	e stated	above.
	22a. SIGNATU	RE C.			ATTEMOLNE	"am	STAFF 22	2b. OATE SI		

21	. I certify t	that 🖈 (this	hospital)	attended th	e deceased	from_M	arch 9	., 19 <u>.66</u> .,	to Marc	h 11	, 19 66,	that 🗯 (we)
sa	w the decea	ased alive or	Mar	ch 11	1966	and that	death occurred	at4:30M,	from the	causes a	and on the da	ate stated a
22a.	SIGNATURE	Edle		ton	12-	M O	ATTENOING PHYS.	MED.	STAI	FF S. Kok	22b. OATE S 3/11/	66

		6 allen	rter	chla
22c.	PHYSICIAN'S NAME (Type)		Jense	n, M.D.

22d. AODRESS Prince George's Genl. Hosp. Cheverly Md.

LOCATION (City, town or county)

(State)

. BURIAL CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR CREMAT	ORY
REMOVAL (Specify) 3-15-6	1 111 1 - + m7	. ,
rural 10.00	6 Washington Male	end
. FUNERAL DIRECTOR	ADDRESS	25a. R
and the land	517-115 41 15	MA
V. W Chamber & Liz.	011-11- 19. N.T.	DATE

EC'O BY REGISTRAR REGISTRAR'S SIGNATURE 25b.

23

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cannowe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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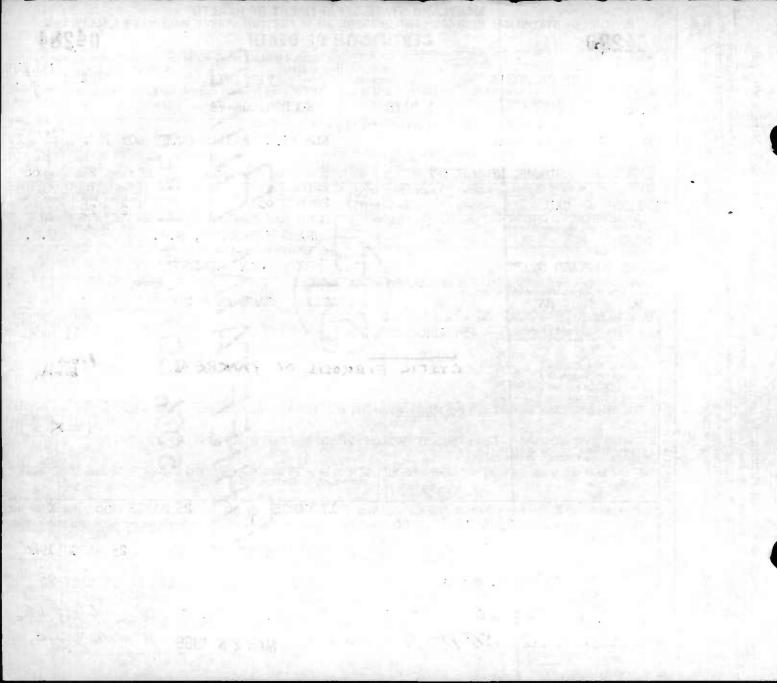
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Educate Company N. C. . France Gange's Poul - Noon. Chayerly Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY PRI a. COUNTY WILL VAMS filled in by the fu papers. Pages 1 a in 72 hours after of PRINCE GEORGE'S MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ANDREWS AIR FORCE BASE C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 8 DAYS WOODER TOGE, VA e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS oon paper within 72 ON A FARM? ELM FARM TRAILER US ATR FORCE HOSPITAL COURT YES NO within letely 3. NAME OF First Day Year Middle Last Month DECEASED remove carbinated any event, v 25 19 66 MARCH DIANE LYNN STIFT DEATH (Type or print) executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED 7. MARRIED last birthday) Months Hours Oays 28 DEC 65 FEMALE CAU WIDOWED OIVORCED [25 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT = 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY U.S. GRAND FORKS AFB, N.D. NA The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova BETTE JEAN ALLISON ROBERT RICHARD STIFT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address been signed by the atten the burial-transit permit. In to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) FATHER SAME AS NA 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA DAYS the hospital or attending physician. IMMEDIATE CAUSE (a) ADDIC PIRRACIS DUE TO Conditions, If any, which OF PANCRE AS FIRROSIL gave rise to immediate DUE TO cause (a), stating the prior t underlying cause last, has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use certificate PERFORMED? CERTIFICATI NO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) r this certi of MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) factory, street, office bidg., etc.) be de State Hour a.m. Not While at work While TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State p.m. at work retained MARCH 1966, that (K (we) last 66 to 21. I certify that (this hospital) attended the deceased from. 19 OPM. from the causes and on the date stated above. saw the deceased alive on 25MARCH 1966 and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED be ATTENDING STAFF MARCH 1966 DIRECTOR PHYS. may PHYSICIAN'S ADDRESS NAME (Type) CONNER W. MOORE DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. LOCATION (City, town or county) 23a. REMOVAL (Specify) BEC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25a. 25b. Milanles VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY D.C. Prince Georges MARYLAND c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Glenn Dale (rural) Washington 1 mo., 26 dys e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 427 N. Jersey Ave., S.E. Glenn Dale Hospital YES NO K 3. NAME OF Middle 4. DATE Month Year DECEASED March 26 **CWilliam** C. 19 66 Stuerzl DEATH (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED X 7. MARRIED lost birthdoy) Dovs Hours WIDOWED DIVORCED 2/14/1904 male white 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Austron Pennsylvania SURFICION STREET USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew Stuerzl Rose Stiener IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service)
yes 1942-1943 unknown decedent 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),
PART I, DEATH WAS CAUSED BY: Scute pyelonephritis left kidney with uremia INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) left ureteral obstruction due to left peri-Conditions, if ony, which gove prosthetic abscess unknown rise to immediate couse (a). Teflon prosthetic replacement of terminal aorta stoting the underlying couse (c) ("Y" graft) for lumbar aortic aneurysm 8 months 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? bronchopneumonia; coronary atherosclerosis with old posterior myocardial infarction and congestive heart failure

200. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) YES X NO 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) Hour o.m. foctory, street, office bldg., etc.) While Not While at work ot work 21. I certify that (# (this hospital) attended the deceosed from Jan. 28 , 19 66, to March 26, 19 66, thats(it (we) lost saw the deceased glive on March 26 19 66, and that death accurred of 3.20 Mp (apr) couses and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED PHYS. M.D. DIRECTOR 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. Glenn Dale, Maryland 23c. NAME OF CEMETERY OR CREMATORY X 23d. LOCATION (City or Town) 23b DATE THEREOF 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) rlington, Va. rlington National

PENH AYESE DAMAK

250 REC'D BY REGISTRAR

death The low requires that the death certificate be executed within 24 hours after death funeral s 1 ond puo Poges urs afte filled in by the popers. Pogremov and in ony and physician a removal, ottending p permit. The permit. 0 the signed by the burial-transit p burial, cremotin by the hospital or ottending physicion. as the prior ta has been use Heolth TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: for 40 detached pe be retained director, poge 3 should be filed v Page 4 may

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VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

DESIGNATION OF

I dericad celeu mesto

no., 25 dyn. Honnach

.S.S., .ave reurnb .H.TQ

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF STATIS	MAR STICAL RESE	YLAND STATE DI Arch and record		N STREET		E 1, MARY	LAND	
	04292		CERTIFICA	TE OF DEATH	1		1142	85	
1.	PLACE OF DEATH a. COUNTY Prince George	's	MARYLANO	2. USUAL RESIDEN	CE (Where decea	b_COUNT			imission)
	b. CITY OR TOWN (if outside cor- write RURAL and give nearest Cheverly	porate limits.	c. LENGTH OF STAY IN 18		outside corpo	erate Ilmits, write	e RURAL and gl	ve neares	st town)
	d. NAME OF HOSPITAL OR INSTIT		ospital, give street address	d. STREET AODRESS	qr d Crest	Rd.		e. IS RES ON A F YES	FARM?
3.	NAME OF DECEASED	First	Middle	Last	4. OATE OF OEATH	Month	Day		
5.	(Type or print) SEX 6. COLOR OR RA	Sam ACE 7. MARRIED	NEVER MARRIED	Swerdlof 8. DATE OF BIRTH	19.	Marc AGE (In years III last birthday)	FUNOER 1 YEAR		66 R 24 HRS.
10	Male Cauc	WIOOWED		9-12-10		55 yrs.	12. CITIZEN		1
dui	ring most of working life, even if r	etired)	S. GOUT	W1500		(loreign country)	COUNTRY	P	
13	. FATHER'S NAME			14. MOTHER'S MAIL					
	S. WAS OECEASEO EVER IN U.S. ARMI es, no or/unkown) (If yes give war or d		. SOCIAL SECURITY NO. 17	INFORMANT EIZH SWERD	LOFF.	Address	17/16	2ES1	-, DR
	Conditions, If any, which	D BY:	line for (a), (b), and (c). I	-altilee T	Hen	-o-rho	INTE ONS	ERVAL BE	TWEEN DEATH
ATION	underlying cause last. PART II. OTHER SIGNIFICANT CON	(c)OITIONS CONTRIB	UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	OISEASE CONO	ITION GIVEN IN PA	-	WAS AU PERFOR	JTOPSY MEO?
CERTIFICATION	20a. ACCIOENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	G 20b. OEATH CAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f Injury In Par	t I or Part II of	774	ES 🔃	МО
MEDICAL	20c. TIME OF INJURY Month, 6 Hour a.m. p.m.	Day, Year 20d. While 19 at wor	MOT WRITE	LACE OF INJURY (Home, f tory, street, office bidg., o	arm, 20f. (0 etc.)	ity or town)	(County)	(5	State)
	21. I certify that (I) (this				\$6, to	n the causes a	, 19-66 , ti	hat (I) (v	ve) last
	saw the deceased alive on 22a. SIGNATURE	necgo	1 00	ATTENDING PHYS. ATTENDING PHYS.	30 P MED. DIRECTOR	STAFF PHYS.	22b. OATE SI		6
	22c. PHYSICIAN'S NAME (Type) LEO	it. Rug	mod, mid	27116A	ITHER -	T, HILL	CREST/	hots,	me
23	REMOVAL (Specify) 3//	ATE THEREOF	23c. NAME OF CEMETE GEORGE WI	ASH SEM.	23d. LOC	ATION (City, town	vn or county) GISTRAR'S SIGN	(SI	tate)
	Soldberg Felner	al Hom	e 4217-9th S	Y.N.W. DATAR	1 E 101	36 goly	arles Je	edge	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Page Department of and 3 to Prince George's MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Clinton Doa Camp Springs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS haurs (farm 7504 Mansfield Drive State I Southern Maryland Hospital pencil in Item 18. Give Pages This certificate should be executed within 24 hours after death. alang with 3. NAME OF 4. DATE Middle DECEASED the John James Taylor within (Type or print) DEATH with S. SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) white DIVORCED WIDOWED male 6-4-16 event Office and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY Virginia

14. MOTHER'S MAIDEN NAME Salesman Automobile Chief Medical Examiner's 13 FATHER'S NAME John Taylor Pearl Hall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) removal. Martha Taylor (Wife) See Item #2. Yes 1943-1945 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY Heart Bailure Б IMMEDIATE CAUSE (o) writing the ward crematian, DUE TO farwarded ta the Conditions, if ony, which gove Hypertension rise to immediate couse (o), DUE TO 0 stoting the underlying couse Arteriosclerotic Heart Disease SD burial, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)

WAS AUTOPSY PERFORMED? NO

INTERVAL BETWEEN

ONSET AND DEATH

20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY C or CONTRIBUTING C CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form 20f. (City or town)

20d. INJURY OCCURRED Not While ot work ot work

foctory, street, office bldg., etc.)

(County) (Stote)

Prince George's

Day

YEAR

Dovs

12. CITIZEN OF WHAT

COUNTRY? U.S.A.

Month

Address

IF UNDER 1

Months

e. IS RESIDENCE ON A FARM?

YES NO X

Year

1966

IF UNDER 24 HRS.

21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X Notopal causes X Actident deoth resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER

Arlington NaT&1. Cem.

ACTUAL SIGNATURE

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

3-3-66

ond in my opinion

22. DATE SIGNED

EXAMINER'S NAME (Type) John Kehoe M.D., Riverdale, Maryland 23b. DATE THEREOF 23o. BURIAL, CREMATION

3-8-1966

23c NAME OF CEMETERY OR CREMATORY

Address (Street, city, town, or county) 23d. LOCATION (City or Town)

Arlington, Va.

(Stote)

24. FUNERAL DIRECTOR

Hour o.m.

Inc. 5130 Wisc. Ave.NW Washington, D. C. Joseph Gawler's Sons.

2So. REC'D BY REGISTRAR 195 2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

the certificate,

pe 0

FUNERAL DIRECTOR: Page

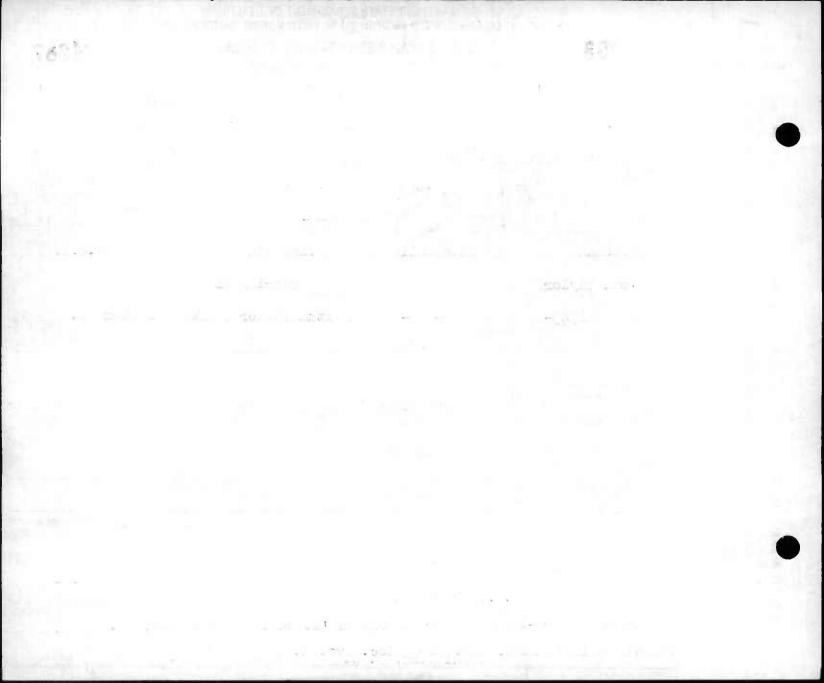
5 may TO FUNE Health

the funeral directar.

TO DEPUTY

or its designated

priar 3 should should



FOR STATE HEALTH DEPT.

any delay is

04294

PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Taribury) the State Department af Health at its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death. the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04990

0720	31								136	00	
I. PLACE OF DEATH				I	2. USUAL RESIDENCE (Where de		ution: Reside			an)
a. COUNTY Prince	George's		MARYLAN	ND	a. STATE	-	b. CO		0		
b. CITY OR TOWN (If autside carparate limits,		c. LENGTH OF STAY IN 1		c. CITY OF TOWN (IF a	utside com	porote limits, write R	URAL ond gi	ve neores	Frown)	
Brentwe	d give nearest tawn)				Brentwood 16-1						
	AL OR INSTITUTION (If nat	in hasnital a	ive street address)		d. STREET ADDRESS e. IS RESIDE						
			, 311001 00010327		UFOT Downer Ctmost						
7.5ペエ Bi	anner Street		48: 44	11						YES	NOXXX
DECEASED (Type ar print)	First Will		Middle		Thomas	4. DAT OF DEA	M	arch	Doy	Ye	66
5. SEX		7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER Manths	Davs	IF UNDER	
male	Negro	WIDOWED	DIVORCED [1-16189	7	9. AGE (In years lost birthdoy) 68 yrs.	Mantils	Days	Haurs	Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHI LACE (State	ar fareig	n country)		ITIZEN OF OUNTRY?		C-
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Unknown		9		Unk	nown					
1S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. IN	FORMANT		Ado	iress			
(Yes, na, ar unknawn)	(If yes give war ar dates af	service)									
I IR CALLSE OF DE	ATH (Enter anly ane cause	ner line for	(a) (b) and (c))						I INTE	RVAL BET	WEEN
	TH WAS CAUSED BY:		() ()						ON:	ET AND D	DEATH
916	IMMEDIATE CAUSE (c		Asphyxiatio	on					m	nute	S
Conditions, if ony,	ushiah anyan N		Tubolokies	2.0	1-0				m	inut	es
rise ta immediat	e couse (a)	/	Inhalation	OT	SHOKE				-		
stating the under											
last.) ((·							1		
	GNIFICANT CONDITIONS COI									WAS AUTO PERFORM	NO X
20a. EXTERNAL CA	USE WAS	20b. DE	SCRIBE HOW INJURY OCCUI	RRED. (E	inter nature of injury in	Part I ar	Part II of item 18.)				
	NIKIBU IINO 🗆	Traj	pped in upst	tair	s room by 1	house	e fire.				
20c. TIME OF INJU	JRY Month, Day, Yeor			e. PLACE	OF INJURY (Hame, farm	n, 20	f. (City or tawn)	(Co	ounty)	((State)
3:00PM	March 81966	While at wark		Ha.6	y street, office bldg., etc.)	Brentw	ood	P.G.		Md.
	y that I took chorge			n held	I an Autonsy	Insne	ection 🔀 , Inc	quiry 🗔,	and	in my	oninio
death result		causes [, Accident ,		le , Homicide		Undetermined			W IIIy	орино
dediii lesoii	ed from. Natoral	7/20363 7	J, Accident 151,	Juicia	CHIEF MEDICAL			Illotillel [
ACTUAL	A.	1/			1551571117 1159				2	2. DATE	SIGNED
SIGNATURE	Th	10			_M.D. ASSISTANT MEDIC					3-9	-66
EXAMINER'S NAME (Type)	John Kehoe	, M.D			Ridwestshee	Lary tol	Victor county)				
23a. BURIAL, CREMATIC REMOVAL (Specify		166	23c. NAME OF CEMETER	WOR CH	Mations	16	LOCATION (City or)	en).	(County)	, (S	itate)
24. FUNERAL DIRECTO	R		ADDRESS	0	Mary 2Sa. REC'I	D BY REG	ISTRAR 256.	REGISTRAR'S			,
Prouse	IJ/Au	vels	ow 5635	- 6A	els ST DMAR	28	1966 20	Maril	0- 0-	105	

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of within 72 hours after death.

FOR STA HEALTH D

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in pencil in Item 18. Give Pages 1, 2, and 3 to

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04295 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04289

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
o. COUNTY Prince George's MARYLAND	o. STATE Maryland Prince George's
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	
write RURAL ond give neorest town) Brentwood	Brent wood //e - /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS I e. IS RESIDENCE
	0N A FARM?
4521 Banner Street	10 10
3. NAME OF First Middle DECEASED James William	Thompson Of March 8 10 66
(Type or print)	DEATH PACTOR 19 00
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IFUNDER 1 YEAR IF UNDER 24 HRS. 10st birthdoy) Months Doys Hours Min.
male Negro WIDOWED DIVORCED	22 June 1905 60 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working title, even if retired) INDUSTRY	Eurosh, N.C. Country S.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jepige Frankler	Olla pig alaun -
IS. WAS DECEASED EXEMPLY.S. ARMED FORCES?. (Yes, no, of unknown) (If yes give wor or date of service)	17. INFORMANT STANDARD Address GO 4-64- and,
(188, no, of Unknown) (III yes give wor of odres of service) 217-14-773	4 Mrs. Ella Thompson - N.E.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ion ONSET AND DEATH minutes
GILA DIE TO	
Conditions, if ony, which gove) (b) Inhalatio	n of smoke minutes
rise to immediate couse (o),	minutes .
stoting the underlying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PERFORMED?
200. EXTERNAL CAUSE WAS PRIMAR TO Or CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Yeor 200. TIME OF INJURY Month, Doy, Yeor 200. TIME OF INJURY Month, Doy, Yeor 200. NJURY OCCURRED 200. While Not While	RED. (Enter noture of injury in Port I or Port II of item IB.)
20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUR PRIMAR ™ or CONTRIBUTING □	
CAUSE OF DEATH. Trapped in upst	airs room by house fire.
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e	r. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Brentwood P.G. (Stote)
of work of work	
21. I certify that I taak charge of the remains described above	e, held an Autopsy 🔲 , Inspection 💂 , Inquiry ᢏ , and in my opinion
death resulted fram: Natural causes , Accident ,	Suicide , Hamicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 3-9-66
NAME (Type) John Kenoe, M.D.	Address & Gree P. ett P. www. Sch. wunty)
236. BURIAL, REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 234) LOCATION (City or Town) (County) (Stote)
REMOVAL (Specify) 3/14/66 arlings	on wallows (liking row, 1). H.
24 FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Brown Ald Janclason 363.5 - En	MAR 28 1966 Charles Judge

VR A15ME (5) 6M 1/66

5 moy be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond2 with the State Department of

Heolth or its designoted agent, priar to buriol, cremation, or removal, and in any ever

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If

necessory, please execute the certificate, writing the word "pending"

MAR DE 1958 Primite Colde

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04296	CERTIFICATE	E OF DEATH		04290
1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution:	Residence before admission)
	PRINCE Jeonges	MARYLAND	a. STATE	b. COUNTY	e Georges
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give nearest town)
	LANHAM	2 m 05.	HYATTS	VILLE	16-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	MAGNOLIA GANde	N & Nursing Home	5612 HAM)	ILTON MANOR DY	YES NO
3.	NAME OF First DECEASED (Type or print) MARY	H. Middle	mpsom	4. DATE Month OF DEATH MANCH	Day Year
5.	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UNDE Months	
	emale white WIDOWED		Aug. 29, 12	067 10 yrs.	
dur	USUAL OCCUPATION (Give kind of work done ing, most of working life, even if retired)	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	T 1	CITIZEN OF WHAT
10	Housewife low	IN HOME			S, A,
13.	FATHER'S NAME		14. MOTHER'S MAID	2/ 11	
		N	CAtheria	ve Kelly	
15 (Ye	es, no, or unkown) (If yes give war or dates of service)		INFORMANT	Address	/1
	No N	one GR	ace M. FAI	ION SAME AS # 2	(daughtere)
	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).1			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CANT FAI	Lune		4625
	4500 DUE TO 1		1 2		
	Conditions, If any, which (b)	enemall?	ed AKT	ren103CLERUS	15/01/ns
	gave rise to immediate cause (a), stating the DUE TO	0			
	underlying cause last. (c)				
CERTIFICATION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1 (a	19. WAS AUTOPSY PERFORMED? YES NO
TIF	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of	Injury In Part I or Part II of Item 1	8.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		Not While factor	CE OF INJURY (Home, fary, street, office bldg., et		ounty) (State)
	21. I certify that (I) (this hospital) attended	ed the deceased from ~	lune 19	00 to 3/4 196	that (I) (we) last
	saw the deceased alive on 3/4	1966, and that	death occurred at /	M, from the causes and on	the date stated above.
	22a. SIGNATURE	mun-	ATTENDING ATTENDING PHYS.	MED. STAFF 22b.	DATE SIGNED 466
	22c. PHYSICIAN'S NAME (Type) Non man 1). (BMEAU	22d. ADDRESS - 3503 1	Penny ST MT	VASNIER
232		23c. NAME OF CEMETERY	OR GREMATORY	23d. LOCATION (City, town or co	ounty) (State)
3	3 REMOVAL (Specify) 3/7/66	Int Olivel		Washington D). C.
24	- 17 19	ADDRESS	1 25a. REC		R'S SIGNATURE
	7.12 archa Sona H	wittendle, W	DATE AR	7 1955 Ochows	2 Culas

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04297 CERTIFICATE OF DEATH

_	100				V - 20
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC	E (Where deceased lived, If insti	tution: Residence before admission)
	Prince George	MARYLAND	Marylan		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b			e RURAL and give nearest town)
	Cheverly	D.O.A.	Toplow		11 1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS		e. IS RESIDENCE
				ŕ	ON A FARM?
	Prince Geo. Gen. Hosp		6636 -	Adran St.	YES NO X
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Clyde	F.	Throne	DEATH March	17 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	X NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years I last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED		9/26/1912	53 yrs.	Months Days Hours Min.
10a		ND OF BUSINESS OR		unty & State, or foreign country)	12. CITIZEN OF WHAT
dur	Retired U.S	oustry .	York, Pe	nno	U.S.A.
13.	FATHER'S NAME	0.0000	14. MOTHER'S MAID		U.D.R.
	Curtis L. Throne		Anna Sta		
15		OCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	s, no, or unkown) (If yes give war or dates of service)		Heart and the second		
	No 17	75-10-7077	Mrs. Lorra	line Throne (above address
		ne for (a), (b) and (c).]	1-11	Wile	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	te Conart	ire /reach	Tarlus,	alain
	4/6 X DUE TO //	1. 4	11 1		h
	Conditions, if any, which	reum alle	Henry	HIRIANI.	Mean.
	gave rise to immediate (//			
	underlying cover last				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TIME TO DEATH DIM NOT DELA	TED TO THE TEDMINAL D	ISEASE COMDITION CIVEN IN D	ART 1(a) 19. WAS AUTOPSY
ATIO	TAKT II. OTHER STUMFFIGATION CONDITIONS CONTRIBUTE		AA /	ISEASE COMPITION GIVEN IN F.	PERFORMED?
FIC	monox aly a	any My 16	YAA.		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of	Item 18.)
2	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
ICAI	Maria	factor	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While at work	THOU WHILE THE	y, street, o mee blug., e		
	21. I certify that (I) (this hospital) attended		3-2- 10	16/2 to 5-16	. 1966, that (I) (wet last
	saw the deceased alive on 3-16	19 66 and that	death occurred a		and on the date stated above.
	22a. SIGNATURE/	15 (and that	death occurred de	The Holli the oddses a	22b. DATE SIGNED
	May May	MANA M.D	ATTENDING PHYS.	DIRECTOR PHYS.	
	22c. PHYSICIAN'S	NI.D	22d. ADDRESS	IRECTOR PHIS.	-
100	NAME (Type) / ANGUS (N)	Mi. LAURIN	3415	TAMI / lan	v S1.
238	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	vn or county) (State)
T.	REMOVAL (Specify) Burial 3/19/66	Fort Lincol		3.5	or, Md.
24				D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE
		Maryland	DAMAR	2 1 1966 800	carles Judge
	Funeral Home Inc.	Mary Janu	DAFEITTI	W I TOOK	

HIALIT AS STREET BUS The second of th ender, ender ender ender ender en MARYLAND STATE DEPARTMENT OF HEALTH

0429	UN UF STATISTI	CAL KES	CERTIFICAT			LIIMURE 1, N	1149UD
1. PLACE OF DEA a. COUNTY						h COUNTY	lesidence before admission
Princ	e George's		MARYLAND	a. STATE Mary lar		Prince	George's
D. CITY OR TO Write RURA	WN (if outside corpora L and give nearest to	ite limits, vn)	c. LENGTH OF STAY IN 1b			imits, write RURAL	and give nearest town
Cheve	rly		7-1/2 hrs.	Upper N	larlboro		16-1
d. NAME OF H	OSPITAL OR INSTITUTI	ON (if not In	hospital, give street address)	d. STREET ADDRESS	3		e. IS RESIDENC ON A FARM?
	e George's			Ш	Villoughby		YES NO
3. NAME OF DECEASED		irst	Middle	Last	4. DATE DF	Month	Day Year
(Type or print)			L	Thume	DEATH	March	1 1966
5. SEX	White	7. MARRIE	MEYER MARKIED	8. DATE OF BIRTH 8-25-07	9. AGE (last b 5 8	Irthday) Months	Days Hours Min
10a. USUAL OCCUPA	ATION (Give kind of worl	done 10h	KIND OF BUSINESS OR		County & State, or forei	yrs. 6 ign country) 12. Cl	ITIZEN OF WHAT
during most of wor	rking life, even If retire	ed)	INDUSTRY			CC	DUNTRY?
D. C. FIRE	MAN ME	FI	RE DEPARTMENT	WASHING 14. MOTHER'S MAI	TON D.C.		VITED STATE
JOSEPH					EARTCAST	r IP	
15. WAS DECEASED	DEVER IN U.S. ARMED F	DRCES? 16	. SOCIAL SECURITYNO. 17.	INFORMANTWIFE			0 7 1 3/
(Yes, no, or unkown)	(If yes give war or dates	of service)		INTTE		JAOA2 W	arlboro,Milloughby
1 18. CAUSE DI	F DEATH [Enter only or	ne cause per	line for (a), (b), and (c).]	TO DELLE		1404E II	I INTERVAL BETWEEN
490 Conditions, If		(a)	heumohig	- bitarea	/		ONSET AND DEATH
gave rise to	Dette	. ,					
	cause (a), stating the DUE TO underlying cause last.						
		ONS CONTRIE	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	119. WAS AUTOPSY
PARTII.OTHER 20a. ACCIDEN OR CONTRIBU							PERFORMED?
	T WAS UNDERLYING TING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of Injury in Part I or	Part II of Item 18.	.)
Hour a	INJURY Month, Day, i.m. 19	Year 20d. While at wo	Not While facto	CE OF INJURY (Home, 1 ory, street, office bldg.,		town) (Cou	enty) (State)
	21. I certify that (& (this hospital) attended the deceased from Mar. 1 , 1966, to Mar. 1 , 1966, that (I) (we) last						
saw the d	saw the deceased alive on Mar. 1 19 66, and that death occurred at 8:30 from the causes and on the date stated above.						
	1 AND DATE ALOUED						
6	dun	Herr	der M.	ATTENDING PHYS.	MED. STA	AFF 3/2	/66
22c. PHYSIC NAME (J. Jen	sen, M.D.		George's Ge		Cheverly
23a. BURIAL, CRE	MATION. 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	(City, town or cou	md. (State)
REMOVAL (S	pecify)			A VILLIMATORI			
Burial 24. FUNERAL DIF	RECTOR ()	,966	CEDAR HILL (TEMETERY 25a. RI	EC'D BY REGISTRAR	ID MARYTAN 256. REGISTRAR	S SIGNATURE

VR A15 (4) 20M 1/65

HYSONG'S

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and healty event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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Starte J. James, M. D. Pylinki Programmer, Lander Chevoric

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24 hours ofter death.

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le certificate, writing the word should be forworded to the Cl

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY b. COUNTY Prince George's MARYLAND Prince George's b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Cheverly Landover d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital 6825 Standish Drive YES NO TO 3. NAME OF Middle 4. DATE Last Manth Year DECEASED OF (Type ar print) FELIX JOHN TOS DEATH IF LINDER 24 HRS S. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 7. MARRIED NEVER MARRIED last birthday) Manths DIVORCED WIDOWED Male White 30 April-1952 10a, USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during mast af warking life, even if retired) COUNTRY? INDUSTRY School Student Passaic Co., N.J. U.S. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edward Tos Betty Vacardipane 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. arunknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO 17. INFORMANT Address none Edward Tos Same as #2 (father) 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Bilateral hemothorax DUE TO From multiple rib fractures Canditians, if any, which gave Laceration of brain rise ta immediate cause (a), From fracture of skull stating the underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 1B.) PRIMARY TO ar CONTRIBUTING CAUSE OF DEATH. Pedestrian struck by car. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20 Pr Kirce George (Cobunty. 1940) Haur am factory, street, affice bldg., etc.) While Nat While While at wark at wark of 6501 Landover Rd. front 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry ox Inspection 3 and in my apinion death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S**

Riverdale,

VR A15ME (5) 6M 1/66

TO FUNERAL Health or i

the funerol director.

FUNERAL DIRECTOR

Kehoe

John

NAME (Type)

23d. LOCATION (City or Town) (Caunty) PASSAITY

Address (Street, city, tawn, ar caunty)

REGISTRAR'S SIGNATURE

(relative to the Englishment of the second

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()4294

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Prince Cearges MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
Co.: + P + C.	Honort Hota 16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Cuitland Duning Home Con	277 Hour on Onine YES NO D
3. NAME OF FIRST Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)	Transon Death March 8, 196619
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
J. WIDOWED TO DIVORCED	12/18/77 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even If retired) INDUSTRY	Pennsylvania COUNTRY U.S. G
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Plunkett	Susan Nagle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT / 327 Huranies Drive
	is Trealer Forest Hots., Ind.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: lough kell	e Heart alace ONSET AND DEATH
4200	
Conditions, If any, which \ (b)	1
gave rise to Immediate	
cause (a), stating the underlying cause last.	the state of the s
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
IN 18 A STORE / IN DOLLAR!	PERFORMED? YES NO D
20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.4)
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA ### ## ## ## ## ## ## ## ## ## ## ## #	interior industrial interior in the contract of the contract o
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAG	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
White I not while	ry, street, office bldg, (etc.)
p.m. 19 at work at work 21. certify that (Hothis hospital) attended the deceased from	19 to 3/19 that (I) (we) last
	death occurred al: 55 m from the causes and on the date stated above.
22a. / SIGNATURE / 1)	22b. DATE SIGNED
I GARLO THEMO	ATTENDING MED. STAFF PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Timothy F. O'Donovan, In	. O. 4400 Stomp Rd., Jemple Hills, Mid
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 3-10-66 Cedar Hill Co	emetery Suitland Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wilhelm Funeral Home 4308 Suitland Rd Su	ryland MAR 10 1966 Charles Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. 0 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4301 CERTIFICATE OF DEATH

_ 04301	CERTIFICATI	E OF DEATH		04945			
1. PLACE OF DEATH a. CDUNTY Prince Georg	ge MARYLAND		here deceased lived, If institution:	Residence Defore admission) umbia			
b. CITY OR TOWN (if outside corpor write RURAL and give nearest to Brandywine	ate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs) Washingtor	de corporate limits, write RURAI	L and give nearest town)			
d. NAME OF HOSPITAL DR INSTITUT Brandywine - Waldo:	ION (if not in hospital, give street address)	d. STREET ADDRESS	Street, S. E.	e. IS RESIDENCE ON A FARM? YES ND			
	First Middle	Last 4.	DATE Month OF DEATH March	Day Year 26 1966			
5. SEX 6. COLOR OR RACE Male White	MARRIED NEVER MARRIED DIVORCED DIVORCED	8-3-1899	9. AGE (In years IF UNDER last birthday) Months 66 yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of wor during most of working life, even if retir Retired - Salesman	red) INDUSTRY	11. BIRTHPLACE (County of Maryland	C	CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Joshua Trueman		Mary Dixon					
15. WAS DECEASED EVER IN U.S. ARMED I (Yes, no, or unkown) (If yes give war or date:	FORCES? 16. SOCIAL SECURITYND. 17.	INFORMANT	Address				
(1 co) no, or announty (11 years) to make a date.	Ade	lia L. Truemar	n 918 14th Stree	et, S. E.			
PART I. DEATH WAS CAUSED E IMMEDIATE CAUS 4201 DU		whaten	08. 0	INTERVAL BETWEEN DNSET AND DEATH			
gave rise to immediate	cause (a), stating the DUE TO						
FICATI	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day Hour a.m. p.m.	While Not While factor	CE DF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (State)			
21. I certify that (I) (this ho	spital) attended the deceased from 3	-11 , 19 %	3, to 5-26, 19	6 B, that (1) (we) last			
saw the deceased alive on			M, from the causes and on	the date stated above.			
22a. SIGNATURE ATTENDING M.D. PHYS. MED. STAFF DIRECTOR PHYS.							
22c. PHYSICIAN'S NAME (Type)	ard Ho Dobson	22d. ADDRESS	m, mp				
23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Burial 3-2	9-66 Cedar Hill Ce	emetery		Maryland			
24. FUNERAL DIRECTOR Wilhelm Funeral Home	ADDRESS 4308 Suitland Rd Su	itland DAMAR 3	registrar 25b. registrar 1 1966 fcliant	as Judge			

VR A15 (4) 20M 1/65 RESTRAIN FRANCISCO AND AND COMPANY OF THE PROPERTY OF THE PROP The second of the second which the state of No more to 18 - Mars He Dansen Brang Inf

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

() 4296

_	CHORR							-		
	ACE OF DEATH			2. USUAL RESIDEN	NCE (Whara da			sidence	before e	dmission)
		e George	MARYLAND		vland	b. COUN		nce	e Geo	orge
b. 0	CITY OR TOWN (i	if outside corporete limits, I give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orate limits, write				
Hi	llcrest	Heights	8 yrs		crest	Height	S	16	- /	
d. 1	NAME OF HOSPIT	TAL OR INSTITUTION (if not in ho	espitel, give sfreet address)	d. STREET ADDRESS	S					SIDENCE A FARM?
	602 231	ed. Parkway		5602 23r		kway			YES	
	AME OF CEASED	First	Middle	Last	4. DATE OF	Month	1 .	Dey	Year	
	pe or print)	Anna May Van	Briggle		DEATH	Mar 2	1.		19	66
5. SE)	X	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		IF UNDER	
Fo	male	White wow		ay 14, 188	9	76 yrs.	Months D	eys	Hours	Min.
10a. U	USUAL OCCUPATI	ION (Give kind of work 10b.				foreign country)	12. CITFZ	ZEN OF	WHAT C	OUNTRY?
		orking life, aven if ratired)		Kontuoler	-		US	: A		
	ATHER'S NAME			Kentucky	N NAME		- Un	112		
	70	1 77.		7.6						
15. W	AS DECEASED EV	ER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT		Address				-
(Yes, n	no, or unkown) (I	fyesgive weror dates of service)		obt.VanBri	morlo 1					
1 18	CAUSE OF D	EATH [Enter only one cause per		onc. vansi.	-RETE II	L abov	6	INTE	RVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY: Motostatic carcinoma							ONS	month	DEATH
		IMMEDIATE CAUSE (e)	ascacle Calcino	FEIGA					monici	
	15/1	DUE TO Care	cinoma of the p	ancrese						
	onditions, if eny everise to immedi	iate ceuse	crnoma of the p	-IICI Cd3				-		
(a	a), stating tha u	L DIJE TO								
_	ouse lest.) (c)	NERINITED	T PP1 A TT- T-	IINIA/ BOOK	CONDITION	(ENI IN E	1/- 1	1// 1.5	LITORON
OI		R SIGNIFICANT CONDITIONS CO		T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART		PERFO	RMED?
S	D	iabetes mellitu	S					YL	ES 🗌	NO 🔼
₩ OF	R CONTRIBUTING	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Entar nature of injury	in Part I or Part	II of item 18.)				
		MEDICAL EXAMINER)							4	(5)
WEDICAL 20	Oc. TIME OF INJU	JRY Month, Day, Year 2Dd. Whi	(.)	CE OF INJURY (Home, fa- lory, street, office bldg., et		or fown)	(Coun	ity)		(Stete)
WEI	n m.	10 et wo	ork et work			11.	-	4		
21	. I certify	hat (I) (this hospital) attended alive on 15,	nded the deceased from	october 12,	19 to.	March 2	1, 19	, th	at (I) (we) last
sa	w the deceas	sed alive on Feb. 15,		death occurred at	O : UK,Pirom	the causes a	and on the	date	stated	above.
22	20. SIGNATURE	TMMIT	A. A.	ATTENDING	MED.	STAFF PHYS.			22b.	. DATE
22	2c. PHYSICIAN'S	UVVTX	M	22d. ADDRESS	DIRECTOR L	1 1113.		,		
	NAME (Type)	M. H. Stolar, I	M. D.	1801 Eye	e St.	1. W. WS	shingt	on.	D. (C .
22. "	NIDIAL CREMATI	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ATION (City, to				ete)
REA	MOYAL (Specify)	-1111							(3)	
	rial	13/25/66	Arlington		EC'D BY REGIST	ington		IGNATI	IRF	
	NERAL DIRECTOR		ADDRESS			166 JC				
Jas	s. T. Ryan	n.inc.	17 Pa.Ave.,S	E DC3 MA	140 0	100	ances.	Xuy	9	

VR A15 (4) 20M 5-63 THE PERSON WAS A CONTROL OF THE PARTY OF THE ALL STATES MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04303	CERTIFICATI	E OF DEATH		04297			
1. PLACE OF DEATH a. COUNTY Prince George	MARYLAND	a. STATE	where deceosed lived, if institution: Resi b. COUNTY Yland F	dence before odmissian) Prince George			
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) 	c. LENGTH OF STAY IN 1b		tside corparate limits, write RURAL and				
Lanham d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspitol, give street address)	d. STREET ADDRESS	e	e. IS RESIDENCE ON A FARM?			
Magnolia Rest Home		6319 51st A		YES NO 🔀			
3. NAME OF DECEASED (Type or print) BERTHA	Middle	WALKER	4. DATE Month OF March	15, ₁₉ 66			
	ARRIED NEVER MARRIED	8. DATE OF BIRTH	last hirthdox) Manth	s Days Haurs Min.			
Female White WI	DOWED DIVORCED DIVORCED DIVORCED DIVORCED	Dec. 8, 188		CITIZEN OF WHAT			
during mast of working life, even if retired) Ret. Clerk	INDUSTRY		,,,	COUNTRY?			
13. FATHER'S NAME August Beck	Goverment mann	Washingt 14. MOTHER'S MAIDEN N Berth	AME na Schneider	U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor ar dotes of servi	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
no (fes, na, ar unknawn) (If yes give wor ar dofes of servi	217 52 9077 D	oris White	Same as #2 (dau	ahterl			
TAMMEDIATE CAUSE (o)	Juney o	rhinsel	Yak	Negen .			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X			
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in F	Part I ar Part II af item 18.)				
20c. TIME OF INJURY Manth, Doy, Year Haur o.m. p.m. 19	20d. INJURY OCCURRED 20e. PLA While Nat While of work of work	ACE OF INJURY (Home, form tory, street, affice bldg., etc.)	, 20f. (City ar tawn)	(Caunty) (State)			
21. I certify that (I) (this haspital) attended the deceased fram 1965, 19, ta 31, 1965, that (I) (we) last saw the deceased alive an 3114 1966 and that death accurred at M, fram causes and an the date stated abave.							
220. SIGNATURE	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS. DATE SIGNED PARAL 15, 1966						
22c. PHYSICIAN'S NAME (Type) Leon L	evitsky	3408 Rhod	le Island ave Mt	Rainier, Ma			
230. BURIAL, CREMATION, BREMOVAL (Specify) 3/17/66	23c. NAME OF CEMETERY OR Ft. Lincolr		23d. LOCATION (City or Town) Colman Manor	(Caunty) (State)			
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D	BY REGISTRAR 25b. REGISTRAR	m dil			
Francis Gasch's Sons	Hyattsville, Md.	DAMAR	21 1966 Action	les Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave caxbon papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in proceeding with the State Dept. af Health priar ta burial, crematian, or remaval, and in proceeding. Page 4 may be retained by the haspital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.

> VR A15 (4) 20M 1/65

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	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
6	02304 CERTIFICATE OF DEATH	0490

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1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased	lived, If institution:	Residence before admission
a. COUNTY		a. STATE		b. COUNTY	20
Prince Georges	MARYLANO	Mary	Land		PG
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate	Ilmits, write RURA	AL and give nearest town)
Cheverly	4 hours		m Hghts.		16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince Georges General		5728 Chi	llum Hght	S	YES NO
3. NAME DF First DECEASED	Middle	Last	4. DATE DF	Month	Day Year
(Type or print) Baby Gir	1 Watts		DEATH	3 2	
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO	3. OATE OF BIRTH		birthday) Months	R 1 YEAR IF UNDER 24 HRS
Female White WIOOWED		3/20/66		yrs.	4
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	ounty & State, or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
none		Prince Geor	ge's, Man	ryland t	JSA
13. FATHER'S NAME		14. MOTHER'S MAIO	EN NAME		
Michael Francis Watts		Linda Lee	Keller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
no		Mother		above	
18. CAUSE DF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		nTolo	tone.		ONSET AND DEATH
IMMEDIATE CAUSE (a)		Cocac	and,	-	
OUE TO		(4)	-	4	
Cenditions, If any, which gave rise to Immediate (b)		Ins	much	7	_
cause (a), stating the OUE TO					- CONSTRUCTION
underlying cause last. (c)					
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL D	DISEASE CONDITIO	N GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury in Part I o	r Part II of Item 1	8.)
전 20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fary, street, office bldg., e	rm, 20f. (City	or town) (Co	ounty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at worl	Mot while	y, street, omcobing., e	(6.)		
21. I certify that (I) (this hospital) attend		3-20- 11	966 to 3	120 196	that (I) (we) last
saw the deceased alive on 3-20					the date stated above
22a. SIGNATURE	did that		TO HIS ALOUIT CIT		DATE SIGNED
John Tu	M.O.	ATTENDING PHYS.	MEO. ST	TAFF D 3-	-21-66
22c. PHYSICIAN'S		1 22d. ADDRESS	W	110.	
NAME (Type) John W. Perki	ns, M.D.	6201 River	rdale Rd.	, Riverdal	Le, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or c	ounty) (State)
REMOVAL (Specify) Cremation 4/2/66	Prince, Geo	Gen. Hos	Che	verly, Mar	yland
24. FUNEXAL DIRECTOR	ADDRESS			25b. REGISTRA	
Allen W John	~/h	100	7 1966	DAI I	
Harry W. Penn, Jr., Adm	inistrator	DAME IV	1300		0
1. 100166					

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1.5% recan	movin AF singular total	C.V. periode	John A. John R. Je	
		** F.J.	Extra to the Index	
	100 Table	mer del ma	The Committee of Committee	-

22b. DATE SIGNED W 23d. LOCATION (City, town or county) (Stete) Fredericksburg 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNDIAL DIRECTORS SIGNATURE DATEMA Home

a. 15 RESIDENCE

YES NO K

19 66

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED? NO I

(Stata)

ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04306

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04301

	_	U 7500	<u> </u>									()	-001
EALIH DEN		COUNTY					2. USUAL RE	SIDENCE (W	here deceas	ed lived, if insti			/
ay is 3 to Page ent of eath.			George's			MARYLAND	d. SIAIE	laryla	nd	D. C	OUNTY	Allego	any -
Pa Pa Pa Jea		. CITY OR TOWN (If outside corporate limit	ts,	c. LENGTH O	F STAY IN 1b	c. CITY OR TO	WN (If aut	side corpora	te limits, write	RURAL on		
any delay is 2, and 3 to PM3. Page partment of after death.		Chever	give nearest town)		DOA			umber	land			01-	2
			AL OR INSTITUTION (If n	at in haspital,	give street add	ress)	d. STREET AD	DRESS					. IS RESIDENCE
hours after death. It any delay ltem 18. Give Pages 1, 2, and 3 Office along with farm PM3. Pagend and 2 with the State Department event when 72 haurs after deat		Prince	George's	Hospita	al		R	oute	4 020	dtown R	d.		ON A FARM?
Page Page vith vith 2 Star		NAME OF	F	irst	Mi	idle	Last		4. DATE		onth	Day	Year
after death. I S. Give Pages along with far arth the State		Type or print)	V	iolet	Al	ice	Webe	r	OF DEATH	Ma	arch	8	19 66
on of the	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER	MARRIED	B. DATE OF BIR			. AGE (In years			IF UNDER 24 HRS Hours Min.
hours a ltem 18. Office al	f	emale	white	WIDOWED		IVORCED	Nov. 5			last pirthday)	Muli	IIIIs Duys	nours mill.
hours Item 18 Office of I and 2	100	USUAL OCCUPATION	(Give kind of work done		IND OF BUSINES	SS OR	11. BIRTHPL	ACE (State o	ar foreign co	iuntry)		12. CITIZEN OF	WHAT
	duri	Checke	life, even if retired) L	11	Laundre	omat	Bedfo	ord Co	ounty.	Penna		COUNTRY?	. A.
hin 24 ncil in niner's pages in any	13.	FATHER'S NAME					14. MOTHER'S						
pel de de			James Bac	ley					Etta	Drenni	ng		
ed v in in i	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16.	SOCIAL SECURI	Y NO. 17.	INFORMANT			Ad	ldress		
dico dico ova	(,,	No.	(ir yes give war ar adies	01 3014100)	215-12-	-2171 Mr.	Virgi	0.0	Neber	Rt. #	4 Cw	mberla	rd. Md.
certificate shauld be executed writing the ward "pending" in brwarded to the Chief Medical Eused as a burial-transit permit. I burial, crematian, ar removal, c		18. CAUSE OF DI	EATH (Enter only one co									INTE	RVAL BETWEEN ET AND DEATH
"p "p hief ansi			TH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	He	art fail	1170						utes
ertificate shauld writing the ward rwarded ta the Ch sed as a burial-tro vurial, crematian,		4511		ТО									
sha e w i th ouric		Conditions, if any	e rouse (a)	(b)	Ru	pture of	aneury	rsm oi	aort	ic val	ve	mar	nutes
d the		stating the unde											
ifica ting irde as al, c		lost.)	(c)		erioscle							mown
certificate shauld y, writing the ward farwarded ta the Ch used as a burial-tru burial, crematian,	S		GNIFICANT CONDITIONS							N IN PART 1(a)		19.	WAS AUTOPSY PERFORMED?
This cicate, be fall be u	SATI		culum cell									YE	NO D
4 _ 0 0	CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. Di	ESCRIBE HOW II	JURY OCCURRED.	(Enter nature at	injury in P	art I or Pari	t II of item 1B.)			
a ta ≡ ta	MEDICAL	20c. TIME OF INJI Haur a.r		20d. I While	NJURY OCCURR		CE OF INJURY (F tory, street, affice		20f.	(City or tawn)		(County)	(State)
XA yau yau d a	2	p.r		at war									
Pa far ate			y that I taok chorg		_		,	10	Inspecti		quiry 2		in my apinia
sign Sign		death resul	ted fram: Natur	al causes	, Accide	Nt ∐, Suid		lomicide		ndetermined	monne	r 🔛	
please I director retainer I DIREC		ACTUAL	1 1			-		F MEDICAL E				2	2. DATE SIGNED
ALD		SIGNATURE	100	7 / 1		-	M.D.		CAL EXAMINI L EXAMINER				3-9-66
D DEPUTY MESTAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far yaur D FUNERAL DIRECTOR: Page Health ar its designated age		EXAMINER'S NAME (Type)	John Keho		-		Add	अकारी	city, 10wn,	or county)			J-9-00
O D The S M Hea Hea	230	BURIAL, CREMATIC	ON, 3b. DATE TH			OF CEMETERY OR			23d. LO	CATION (City or	Tawn)	(County)	(Stote)
		REMOVAL (Specify		166		et Memor				umberlo		Md.	
VR ATSME (ST	24	. FUNERAL DIRECTO			ADDI				BY REGISTR			ar's signatur	
6M 1/66		Н	. Wayne Ge	orge	Cumber	land, Ma		DAMAR	14	1966	Lucia	LORD X	7

AND TO THE PERSON OF THE PARTY AND ADDRESS.



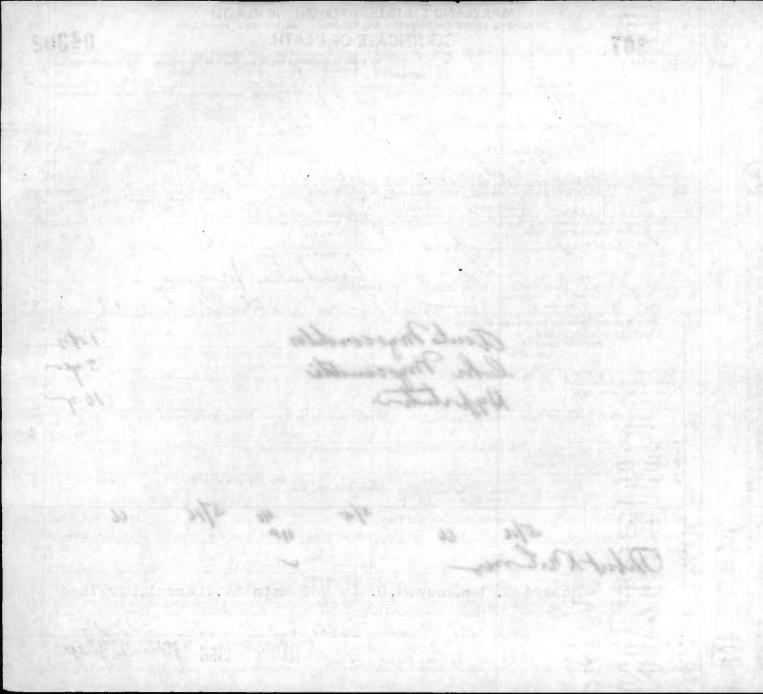
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04302

S LONG SUL		0-002
1. PLACE OF DEATH a. COUNTY THE GENERAL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident o. STATE b. COUNTY	ice before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL opdigive nearest (swn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Laurel 2 mas	Scagganelle	13-2
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO D
1100 Managameny www	<u> </u>	
3. NAME OF DECEASED (Type or print) ANNA MARTHA W	1EHLAND A. DATE OF DEATH March	Day Yeor 196-6
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Annuary 27 / 883 83 yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI		IZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Muller	051
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME	74
Kerman Damm	Barbara Jacan	
	INFORMANT Address	15 1
(Yes, no, or unknown) (If yes, give war or dates of service)	ernon Willand Law	el mol
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	1,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	certhlis	1002
443 X DUE TO 000		
Canditions, if ony, which) (b) elech myer	candai	3 year
gove rise to immediate DUE TO		
lying couse lost.		10 m
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
	RED. (Enter noture of injury in Port I or Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
		County) (State)
Hour o. m. P. m. While Not while of work of work	actory, street, office bldg., etc.)	
	5/2 4 3711	
21. I certify that (I) (this hospital) attended the deceased from		that (1) (we) last
	death accurred at UPM, from the causes and an th	
220. SIGNATURE CONTROLLED	M.D. PHYS. DIRECTOR STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Robert S. McCeney, M. I	22d. ADDRESS 402 Main St., Laurel, Ma	ary land
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
Burnel 3-19-66 StPaul	, Kutheran Fulton 7	ed.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS,	25p., REC'D BY REGISTRAR 2Sb. REGISTRAR'S A	GNATURE
All Witt Wanddown Karner	Med DMAR 22 1966 Juliano	o Juage

VR A1S (4) 1SM 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- 143VO	r of praint	
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admi	sslon)
Prince Georges MARYLAND	a. STATE Maryland b. COUNTY Prince George	S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest t	
Suitland	Suitland /6-/	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDI	
500 Swann Road	500 Swann Road YES □ NO	0 🗆
3. NAME OF First Middle DECEASED (Type or print) Title of The Company of The Comp	Last 4. OATE Month Day Year OF DEATH Manch 7 196	,
E OFW	isbacker st DEATH March 7 19 6 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 2	~
7. WARRIED X NEVER WARRIED		MIn.
	Feb. 8/1923 1/3 yrs.	
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?	*
Retired policeman	Maryland USA	
13. FATHER'S NAME *	14. MOTHER'S MAIDEN NAME	
Frank L. Weisbacker	Mabel M. Linkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes pive war or dates of service)	INFORMANT Address 500 Swann R	2
1510 16 5270	rs Helen A. Weisbackersuitland M	2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETW	EEN
PART I. DEATH WAS CAUSED BY:	Saicon a ONSET AND DE	
2018 CAUSE (a)	15/100	-
DUE TO		
Conditions, if any, which gave rise to immediate (b)		
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE CONTRIBUTION OF CONTRIBUTION	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES ON NO.	ED?
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	17
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Sta	te)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20c.	ory, street, office bldg., etc.)	,
B p.m. 19 at work at work □		
21 certify that (I) (this hospital) attended the deceased from	1965, to 3 7, 1966, that (1) (we)) last
(saw the deceased alive on 3 - 4 1966, and that	t death occurred at 150M, from the causes and on the date stated a	bove.
22q. S GNATURE	22b. DATE SIGNED	
Hand Negel No. M.	O, PHYS. DIRECTOR PHYS.	
22c/ PHYSICIAN'S	22d. ADDRESS	
NAME (Type) John P. D'Angelo	3700 Bonita St. Suitland.Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)		e)
REMOVAL (Specify) 3/10/66 Arlington	National Ft. Myer Va	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Let Funeral Home Washington, D	· C. DAMAR 15 1966 Scharles Judge	

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then presse remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A.I.5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	04303	CERTIFICA	IE UF DEATH		04304
1.	PLACE OF DEATH a, COUNTY		2. USUAL RESIDENCE (W	here deceased lived, If Institution	n: Residence before admission)
	Para seri Hamila)	Magy Aug	a. STATE	b. county	heren
-	b. CITY OR TOWN (if outside corporate limi	MARYLAND its, c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside	de corporate Ilmits, write RUI	RAL and give pearest town)
	write RURAL and give nearest town)	11/04		to corporate limits, write no.	and group out to may
-	d. NAME OF HOSPITAL OR INSTITUTION (If n	11/16 The same	Ly d OTDEET ADDRESS		18-7
	G. NAME OF HOSPITAL OR INSTITUTION (IT II	not in nospital, give street addres	s) d. STREET ADDRESS	- 11 1	e. IS RESIDENCE ON A FARM?
_	Doubler Bauf	and General	1 Charlette	, Itall	YES NO
3.	NAME OF FIRST	Middle		OATE Month	Day Year
	(Type or print) $\pm ow$	ard Willia	m whaleh	DEATH Mon.	12 19 66
5.	SEX. 6. COLOR OR RACE 7. MA	ARRIED WEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUNI last birthday) Month	DER 1 YEAR IFUNDER 24 HRS. 1s Days Hours Min.
_		DOWED DIVORCED	12-10-93	72 yrs.	is Days Hours Mill.
10a	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	k State, or foreign country) 12	CITIZEN OF WHAT
	EARM		Dupbor	Maryland	4.5.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME /	
	For George	Whaleh	- Holi	dall	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?		7. INFORMANT	Address	111 .1
("	es, no, or unkown) (If yes give war or date) of service	2)	Lipuis Wha	lon dha	Vatto Hall
	18. CAUSE OF DEATH [Enter only one cause	e per line for (a) (b) and (c) 1	7 6 m 13 40 1 m 3 m	en Gini	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	C of the tot (a), (b), and (c), 1	/		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Ca of 1700	macu.		
-	DUE TO	221 () 2 0-	1 - 1 - +		
	Conditions, If any, which gave rise to immediate (b)	Myocafala	l maria	071	
	cause (a), stating the DUE TO	(1)			
-	underlying cause last. (c)	V	- V		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
ICA					YES NO
RTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of Injury	y In Part I or Part II of Item	18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. P		20f. (City or town) (County) (State)
ED	Hour a.m.	Mulla - Not Mulle -	ctory, street, office bldg., etc.)		
Σ		at work at work	7.011 2011	. 3.10	1/
	21. I certify that (I) (this hospital) a	10	7-37, 1966	to, 19	
	saw the deceased alive on 222 SIGNATURE	1966, and th	nat death occurred at 935	M, from the causes and o	
	B Solaldense		ATTENDING MED.	STAFF -	DATE SIGNED
	22c. PHYSICIAN'S	M. I	I.D. PHYS. DIRECT	TOR PHYS.	
	BENTAMIN MAL	dontado Ja.	490 Su	Huic ha V	nt mal
23a		OF 23c. NAME OF CEMETE	RY OR CREMATORY , 23	d. LOCATION (City, town or	county) (State)
	Burnal 3-16-6	6 Mt. Calupru	Ch. Comateru C	Charlotte Hall	· Md.
24	. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY		AR'S SIGNATURE
	Martell adams	aquases.	Md. DAMAR 2.	1 1966 Jelian	la Quelas.
			- WHAN G	1000	

A (IVE DA) Acres Alpaller 425

MAR 2 T 1956 - ACCORDING TO HAM

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2310 CERTIFICATE OF DEATH 04205

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
Prince Georges MARYLAND	Dist. of Col.							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)								
Hyattsville	Washington 47-3							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE							
Carroll Manor Nursing Home	2000 Connecticut Ave.N/W. YES NO NO							
3. NAME DF First Middle DECEASED	Lest 4. DATE Month Day Year							
(Type or print) Margaret A.	White DEATH 3- 12- 1966							
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	9 DATE OF RIDTH 10 ACE (IN VASCE LEUNDED 1 VEAD IT LINDED 24 UPS							
Female White WIDDWED DIVORCED	WALLEY TO BOX 975. Months Days Hours Min.							
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Unemployed	Washington, D. C. U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME							
J. Frank White	Ellen L. Spottswood							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) (If yes give war or dates of service)	MEM TOTAL MET							
No H	. Spottswood White, 40 Wall St.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia	ONSET AND DEATH							
732V								
Cenditions, if any, which) DUE TO Hypercalcemia	3 Mos.							
gave rise to immediate (
cause (a), stating the underlying cause last. Osteoporosis	5 Years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?							
20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part i or Part ii of item 18.)							
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI Hour a.m. p.m. 19 While at work at work	tory, street, office bldg., etc.)							
	2/2							
21. I certify that (II) (this hospital) attended the deceased from	21. I certify that (II) this hospital) attended the deceased from 3/9, 1966, to 3/12, 1966, that (I) (we) last							
	saw the deceased alige on 3/2 1966, and that death occurred at 12:30 M, from the causes and on the date stated above.							
22a, SIGNATURE	22a. SIGNATURE 22b. DATE SIGNED							
	I.D. ATTENDING MED. DIRECTOR STAFF DIRECTOR PHYS.							
PHYSICIAN'S NAME (Type) Louis Gillespig, Jr.	22d. ADDRESS 1714 N St. N.W. Wash.D.C.							
REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)							
Burial 3-15-1966 Mt. Olivet	Come t 25. V REC'D BY RECISTRARY 25. TRED STRARS SIGNATURE							
24. FUNERAL DIRECTOR 51 BORESWISC.								
Joseph Gawler's Sons, Inc. Wash.	D.C. DAMBAR 17 1956 Clarles Outs.							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath.

VR A15 (4) 1/65

. too to toll by an office tour Sand antetell tone. Charge Plant stroit or the Octo Allen L. Spottswood of the state of ILM OF .Still Bookerroof . 3 4 The manufacture of the second Louis Cillespie, Jr. 1914 H St. M.W. Manh.D.C. DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

14311	Tte	m 25b. Film	G37	OF PEA 1	mh				14.3	116
1. PLACE OF DEATH e. COUNTY			2.	USUAL RESIDEN	ICE (Where de			Residence	e before	e dmission
Prince George		MARYLANI	D	e. STATE Maryland		b. cour	nce Ge	orge		
b. CITY OR TOWN (if outside corporate lim	its,	c. LENGTH OF STAY IN 1		c. CITY OR TOWN		orete limits, writ	e RURAL en	d give r	eerest to	wn)
write RURAL end give neerest town)				Oren Uil	7			11	/	ŧ
Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hose	ital, give street eddress)		Oxon Hil				10	l e. 15 1	RESIDENC
6310 Dominion Dr.				6310 Dom		r.			-	A FARM
3. NAME OF First DECEASED		Middle		Last	4. DATE OF	Mont	h	Dey	Ye	ər
(Type or print) William	1	Α.	Wh	ite, Jr.	DEATH	March	20.		19	66
5. SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH	9.	AGE (In years	HE UNDER 1	YEAR	IF UNDE	R 24 HRS
Male White	WIDOWED	ed X ₂	Mov	. 26, 1893		last birthdey)	Months	Deys	Hours	Min.
10a. USUAL OCCUPATION (Give kind of wor	k 1Db. KII	ND OF BUSINESS OR INDU		11. BIRTHPLACE (Cou		foreign country)	12. CIT	IZEN O	F WHAT	COUNTR
done during most of working life, even if retire	Publ.	ic School		Randolph C	10. N.	C.	TT	.S. A		
Principal 13. FATHER'S NAME	4 0.01.	TO DOLLOOT		MOTHER'S MAIDEN			1 0	• • • •	2.	
				Roxie Bi						
William A. White 15. WAS DECEASED EVER IN U.S. ARMED FOR	20002 140	OCIAL SECURITY NO. 17	7 1010		_XOII	Addres				
(Yes, no, or unkown) (Ifyes give wer or detes of:					7 3 1 1		Oxo	n Hj	llm	Md.
			rs.	Waldeen H.	White	6310 I	omini		-	
18. CAUSE OF DEATH [Enter only one	ceuse per li	ne for (e), (b), and (c).]			. ,	1-			ERVAL BE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		Carro n	n	ulu a	each	1		3	wh	-
33/X DUE TO		0 1	1	1	//	_				
Conditions, if eny, which \ (b)		(ochut		afterio-	Televo	4		6	iw	7
geve rise to immediate cause								-	1	
(e), steting the underlying										
(6)	TIONS CON	TRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PAR	[1(e) 1	9. WAS	AUTOPSY
OIL	150 0								PERF	ORMED?
PART II. OTHER SIGNIFICANT CONDI	20h DESC	RIBE HOW INJURY OCCU	IRED (F	nter neture of Injury in	Part I or Part II	of item 18)			152	NO L
OR CONTRIBUTING CAUSE OF DEATH	200. 0130	CHIEF HOW HADEL OCCO	INLD. (LI	mer nerare of injury in	1 1 011 01 1 011	O) 110111 10.)				
		THE PARTY OF THE P	DI 4 00	or billion (1)			-10			(5)
20c. TIME OF INJURY Month, Dey, Ye Hour a.m.	While			OF INJURY (Home, for street, office bldg., et-		or town)	(Cot	inty)		(Stete)
₹ p.m. 19	et work									
21. I certify that (I) (this hospi	tal) attend	led the deceased fro	om		19.7.3 to.	M. Sruh	26, 19	65, 11	hat (1)	(we) la
saw the deceased alive on	hal 2	0 19 L and th	hat de	eath occured ab.	WM. from	the causes	and on	the da	te state	ed abov
22e. SIGNATURE				1					0.0	I DATE
1 lolds	11 2	al	M.D.	ATTENDING PHYS.	MED. DIRECTOR	T PHYS.			3-7	SIGNI
22c. PHYSICIAN'S	uka	1	M.D.	22d. ADDRESS	1 6	//	A		6	
NAME (Type)	0			7 401	+ Nic	11/5	1 re	3	<	
23e. BURIAL, CREMATION, 23b. DATE THE	REOF	23c. NAME OF CEMETER	RY OR	CREMATORY	123d. LOC	ATION (City, to	wn or count	y)	1	Stete)
REMOVAL (Specify) 3/24/6						ford Col		.,	,	,
Durial		New Garden		105. 00		RAR 256. RE				
24 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS					Clasel	A 49		1.

funeral 24 hours after

00

death. Page 4 (2) be retained by the hospital or attending physician.

TO HOSPITA.

Death. Page 4 (2) be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, alled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

VR A15 (4) 15M 9/60

mi musiki kati Salah nga katin palaman Salah nga katin palaman TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove barbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.

> VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DJVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
04312	MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	04307

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi						
Prince George's MARYLAND	a. STATE Maryland Prince George's						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest tow						
Cheverly 1 day	Hyattsville /6-/						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDEN ON A FARM						
Prince George's General Hospital	3308 Rosemary Lane YES NO						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) Baby Boy	Wilberger DEATH March 15 1966						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24H last birthday) Months Days Hours Mi						
Male White WIDDWED DIVORCED	march 14, 1900 yrs. 1						
10a. USUALOCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Prince George's, Maryland USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Robert Wilberger	Christine Hansen						
	INFORMANT Address						
(Yes, no, or unkown) (If yes give war or dates of service)	obert Wilberger Hyattsville, Md.						
18. CAUSE DF DEATH [Enter only one cause per/fine for (a), (b), and (c).]	INTERVAL BETWEE						
PART I. DEATH WAS CAUSED BY:	ONSET AND DEAT						
MMEDIATE CAUSE (a) JACOM 179 PC							
Conditions, If any, which							
gave rise to immediate							
cause (a), stating the							
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPS						
THE	PERFORMED YES NO						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI-							
- fact	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State ory, street, office bidg., etc.)						
Hour a.m. p.m. 19 While at work at work							
21. I certify that (I) (this hospital), attended the deceased from	3-14, 19-6, to 5-7), 19-6, that (1) (we)-1						
saw the deceased alive on 3-14 19 6 and that	t death occurred at 1.45 M, from the causes and on the date stated abo						
22a. SIGNATURE M.I	ATTENDING MED. STAFF 3/16/66						
22c. PHYSICIAN'S NAME (Type) Aaron Deitz, M.D. 22d. ADDRESS Prince George's Plasa, Hyattsv							
Burist March 18, 1966 It Lines	la Colmar manor, mid						
4. FUNERAL DIRECTOR ADDRESS (A)	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
1177	1966 Plante Judge						

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		ef Livet tovi	valv 1			dovesi
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	Librar Carried					

.d. M. Hilliam nour

Prince George's Place, Hyarrayille.

MR 2 1 1965 & March 2 322

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY EORG NCE MARYLAND 0 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) IRS.

	CLINTON I DOA	KTI	B0×293	16-1					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address,	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
5	O. MD. HOSP. CENTER	BRANDYWI	NE MD.	YES ND					
3.	NAME DF First Middle	Last 4.		Day Year					
	DECEASED (Type or print) FRANCIS W. W	ILKINSON	OF DEATH MARCH	30 1966					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years IF UND Month	ER 1 YEAR IF UNDER 24 HRS.					
	M WIDOWED DIVORCED	10/13/8) / / yrs.						
102	in USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR ling most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign country) 12.	CITIZEN DF WHAT CDUNTRY?					
-	FARMER TOBACCO	1P.G. MA	RULAND	U.S.A.					
13		14. MOTHER'S MAIDEN	NAME						
	RICHARD W. WILKINSON	JUSAN 1	4. GARNER						
	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17.	INFDRMANT	Address						
	NO 214-36-2849 F	RANCIS WILKI	USON, BRANDYW	INE, MD.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		,	INTERVAL BETWEEN					
13	PART I. DEATH WAS CAUSED BY: CARDIO UN	75CULAR	COZLAPE	ONSET AND DEATH					
	1992 DUE TO 0 000			15					
	Cenditions, If any, which \ (b) CARCINON	MATO SIS		0 MOS					
	gave rise to immediate DUE TO	2	0. (6)	n unc					
	underlying cause last. (c) ARCINOMA PROSTATIC & REWAL 2 YRS.								
S	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1						
CATIO	HYPERTENSIVE CA	RDIOVASO	CULAR DISBI	ASA YES NO NO					
ERTII	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH	CURRED. (Enter nature of In)	ury In Part I or Part II of Item	18.)					

(IF EITHER, NDTIFY MEDICAL EXAMINER)

(County) 20d. INJURY OCCURRED 20f. (City or town) Month, Day, Year

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

Hour a.m. While Not While p.m. at work at work 21. I certify that (!) (this hospital) attended the deceased

#M Promythe causes and on the date stated above. and that death occurred at

saw the deceased alive 22a. SICNATURE ATTENDING PHYS. STAFF かM.D. PHYS. DIRECTOR

22d. ADDRESS PHYSICIAN'S NAME (Type)

NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23a. REMOVAL (Specify)

25a.

REGISTRAR'S SICNATURE REC'D BY REGISTRAR 25b. 196

(State)

(State)

DATE

SURIAL FUNERAL DIRECTOR

VR A15 (4) 20M 1/65

Page 4 may TO HOSPITAL

24 hours after death.

executed within

certificate be

death

ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician.

funeral and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

MEDICAL

111 Call Caller Services 33.16401 CAROLOURSCULBE COLLAR. CARCINOMATOSAS CHERMONA PROSPERTE EL RELIEL HYPERTENSIVE CHEDIOWS SCILLAGE DEGEN #

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	01.216 T+	OENTIFICATI	L OF DEATH	mla		1143114	
1.	PLACE OF DEATH	em o riim o)/)	2. USUAL RESIDENCE	CE (Where deceased li-	ved, If institution: R	tesidence before adm	nission)
	Prince George's		a. STATE	arvland	b. COUNTY Princ	e George	10
	b. CITY OR TDWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		Imite write DIDAL	and give nearest	town)
	write RURAL and give nearest town)				mitte, witte ttorne	and give hearest	101111)
	Cheverly	14 days		r Heights	/	6-1	
	d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS			e. IS RESI	DENCE ARM?
	Prince George's Gener	ral Hospital	6114 Kol	b St.		YES 🗌	NO 🗌
3.	NAME OF First	Middle	Last	4. DATE	Month	Day Year	
	(Type or print) Angelo	u	illiams	OF DEATH	March	19 19	=66
5.			B. DATE OF BIRTH	I 9. AGE (In years LIFTINDER		
		NEVER MARKIED		ool last b	irthday) Months	Days Hours	Min.
10-	Male Colored WIDOW		1/20//00/	0 80	yrs.	1 17511 05 111147	
dur	D. USUAL OCCUPATION (Give kind of work done 10 Ling most of working life, eyep If retired)	INDUSTRY	11. BIRTHPLACE (Co	bunty & State, or forei		ITIZEN OF WHAT DUNTRY?	
7	Ketired-4.5, Bout		Va	/			
13.	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			100
	Deorge Williams		Belin	19 3			
15 (Ve	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SDCIAL SECURITY NO. 17.	INFORMANT		Address		
(10	A (n)	111	Illiam 7	Williams	SON		
	18. CAUSE DF BEATH [Enter only one cause p	per line for (a), (b), and (c),]	7,110(00)			INTERVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY:	200 11:1	11	. 0	11.	ONSET AND D	EATH
	IMMEDIATE CAUSE (a)	VIVITIPLE D	u/monax	- Line	62/16		
	443X DUE TD	1	- 1	. 1			
	Conditions, If any, which (b) (b)	Hypertensiv	e Cardi	ac DI	sease		
	cause (a), stating the DUE TO	/					
	underlying cause last. (c)						
00	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUT	
CAT							NO []
F	2Da. ACCIDENT WAS UNDERLYING 1 20	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or	Part II of Item 18	.)	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL			CE OF INJURY (Home, fa		town) (Cou	inty) (St	tate)
ED		hile Not While Tactor	ry, street, office bldg., e	(C.)			
Σ			anch 5	966 to Mar	oh 10 10	66 that #1 (teel (e
	21. I certify that () (this hospital) att						
	saw the deceased alive on Parc	19 00 , and that	death occurred at 6	135W, from the	causes and on t	ATE SIGNED	above.
	22d. SIGNATURE	Va is		MED. STA	AFF		
	22c. PHYSICIAN'S	ferraly M.D		DIRECTOR PHY	rs. Lxx Mar	ch 19, 19	366_
	NAME (Typo)	SON M D	22d. ADDRESS	1- 0	1 Hann	Ob 1-	. W.
	Edwin J. Jen	sen, m.D.	Frince Ged	orge's Gen	I. nosp.,	Cheveri	Md
23a	a. PORIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3-23-66	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	City, town or cou	untyh (Sta	ite)
24	FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE	
4	15 Washington & Jen	5 4925 Kelling	que MAD	2 4 1966	och-	. 0	
-		1	DAMERIN	0 x 1000	- Porane	2 Judge	
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Scholn II. Bennen, N. D. Prince Wearer's Cent. Hono. Chevrylville

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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8.74	Well.	3			OLKIII	IUAII	OI DEATI				40	1	
a COII	DF DEATH	eorge's			\$44 DV	(LAND	2. USUAL RESIDENCE a. STATE Marylan		b. cour	YTY			dmission)
b. CITY	Y OR TOW	N (if outside c	orporate lim	its,	c. LENGTH OF STA		c. CITY OR TOWN (II			nce Ge			st town)
Ches	verly				4 days		Lanham			1	6-	/	
d. NAN	ME OF HOS	PITAL OR INST	TITUTION (if	not in ho	ospital, give street a	address)	d. STREET ADDRESS				0	. IS RES	SIDENCE FARM?
		eorge's		al H			9427 Wo				-	ES 🗌	NO 🔀
3. NAME DECEAS			First	•	Middle		Wilson	4. DATE OF DEATH	Mont		Day	Ye	
5. SEX	i print)	6. COLOR OR	Jenni RACE 7. M		P. NEVER MARRIE	3 [7] 0	DATE OF BIRTH	9.	ACF (In years	I IF LINDED			66 R 24 HRS
Fema	ale	White		DOWED			3-2-05		last birthday) 61 yrs.	Months	Days	Hours	Min.
10a. USUAL	OCCUPAT	ION (Cive kind ong life, even if	of work done	1Db. KI	IND OF BUSINESS OF	R	11. BIRTHPLACE (C	ounty & State		() 12. CI		OF WHAT	r
	sewif		retired)	Ö	wn Home		Virg	inia		U.	S. A	4.	
13. FATHI	ER'S NAM	E					14. MOTHER'S MAIL	DEN NAME					
	Iaas	e White	efield	Per	kins		Rosa	Bell	Cole				
		VER INU.S. AR (If yes give war o			SOCIAL SECURITY NO	0. 17.	INFORMANT		Addre	ss			
no					none	Wi	lliam E. W	ilson	Same as	s #2 (hus	band	d)(f
18. C	AUSE OF I	DEATH [Enter	only one caus	se per li	ne for (a), (b), and (c).1	,				INTER	RVAL BE	TWEEN
P.	ART I. DE	ATH WAS CAUS IMMEDIATE	SED BY:	· Ro	Lakens	1/6	uthe	1eu	a		ONS	CI AND	DEATH
5	271		DUE TO	10			11/1		-				
		any, which	(h)	2:	Burn	elin	struce	un	near				
_		Immediate (DUE TO	-	1		1						
	ying caus	ating the atlast.	(c)_				1			J. D.			
PART III	I. OTHERS	ICNIFICANTCO		ONTRIBU	TINC TO DEATH BUT	NOT RELA	TED TO THE TERMINAL I	DISEASE CON	DITION GIVEN IN	PART 1(a)		WAS AU PERFOR	
	CCIDENT NTRIBUTII THER, NOT	WAS UNDERLY NC CAUSE (IFY MEDICAL	INC DEATH EXAMINER)	20b. D	ESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature of	f Injury In P	art I or Part II o	of Item 18.)	10	
0	TIME OF I Hour a.m		, Day, Year	20d. IN While at work	Not While		E OF INJURY (Home, fa y, street, office bldg., e		(City or town)	(Cou	nty)	(:	State)
					ed the deceased f				March 1				
		eased alive	on Mar	ch	10 1965,	and that	death occurred at	0:05M, fr	om the causes				above.
22a.	SICNATUR	For	六人	Har	rdel	M.D.		MED. DIRECTOR	STAFF PHYS.	22b. D	TE SIG	S-S	
	PHYSICIA NAME (Ty		uis 1	1EX	IDEL		22d. ADDRESS 4410-7	ATHA	VE HYA	TTSV	114	E,	Md
23a. BURI	AL, CREM	ATION, 23b.	DATE THERE				OR CREMENTABLE	23d. L0	CATION (City, to	own or cou	nty)	(S	tate)
	ovál (Spe La I		/14/66		St. Pauls	Lut			kson To				a.
24. FUNE			e Sone	LI.	attsville,	Mar	1 2/25	C'D BY REGI	956 AC	EGISTRAR'S	S SICN/	ATURE	
Fra	HCIS	Cascii	a DOMa	119	accoville,	TATOLI	yland DAYE	- ~ - ;	000	7 (14	1	1	la .

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Prince George's General curies Leighel Avenue

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Figure Couple and Ey Courts, Mary End

and completely filled in by the funeral emove carbon papers. Pages 1 and 2 any event, within 72 hours after death. 24 hours after death.

D HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 11 2.

a. CDUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b			a, ST	a. STATE b. COUNTY Maryland Prince George's					
			ND 1						
			1 1b c. CITY C					give nearest town)	
Chever			2 days		Chever.	ly		16-	/
			iospital, give street addi		T ADDRESS			ON A	ESIDENCI A FARM?
	George's G					ell View A		YES	NDX
3. NAME DF DECEASED (Type or print)		irst 11iam	Middle W	Las	lson	4. DATE OF DEATH	Month	Day Y	Year 9 cc
5. SEX	6. COLOR DR RACE	7. MARRIED	NEVER MARRIED	1 8. DATE DI		9. AGE (I	March n years IFUNDI	FR 1 YEAR HELIND	
Male	White	WIDDWED	DIVORCED	9-9-0		63	rthday) Months		
10a. USUAL DCCUP	ATION (Give kind of work rking life, even If retire		(IND OF BUSINESS OR	11. BIRT	HPLACE (Co	unty & State, or foreig	n country) 12.	COUNTRY?	AT
Partner	wing me, even in terms		inting Co.	Pri	nce Ge	eorge Co.	, Md	U.S. A.	
13. FATHER'S NA	ME	1	8		HER'S MAID	-			
Joseph H	P. Wilson				Georg	ie Wallis			
	DEVER IN U.S. ARMED F		SOCIAL SECURITY NO.	17. INFORMAN	T		Address		7
no	(If yes give war or dates		7 10 3582	Ethel C	. Wils	son Same	as #2	(wife)	
1 18. CAUSE DI	F DEATH [Enter only or	ne cause per	line for (a), (b), and (c).]					INTERVAL E	
PART I. I	DEATH WAS CAUSED BY	Acu	ite Pulmonary	Endema				UNSET ANI	DEAIN
4201	420/ Myocardial Infarction								
Conditions, If	Conditions, If any, which) (b) Coronary Occlusion, anterior descending								
gave rise to					sclerotic Heart Disease				
cause (a), underlying ca	Stating me		, 						
		ONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE	TERMINAL D	ISEASE CONDITION O	IVEN IN PART 1(a) 19. WAS	AUTOPSY
Arte		c Aneur	rysm of the	Abdomina	L Aorta	a		YES	DRMED? ND
PARTII. OTHER Arte 20a. ACCIDEN DR CONTRIBU (IF EITHER, N	T WAS UNDERLYING TING CAUSE DF DEA OTIFY MEDICAL EXAMI	TH 20b.	DESCRIBE HOW INJURY	OCCURRED. (Ent	er nature of	Injury In Part I or	Part II of Item :	18.)	
	F INJURY Month, Day,		NJURY OCCURRED 20e	, PLACE DF INJU	RY (Home, fai	rm, 20f. (City or	town) (C	county)	(State)
20c. TIME OF Hour a		While	Not While	factory, street, o					
	o.m. 19						1. 15	0.6	
			led the deceased from			66, to 3 -		<i>EE</i> , that (1)	
	eceased alive on 3	-926	19	that death DC	curred at2:	:41 M, from the	causes and on	the date state	ed above
22a. SIGNAT	URE	11	W //		1110	am		DATE SIGNED	
	()	Km	1 eks	CMLD. PHYS.	ING XX	MED. STA	s. 🔲 3	3/10/66	
22c. PHYSIC NAME (7 1	Kehoe,	M.D.		ADDRESS Riber	dale Rd.	Riverda	le, Md.	
23a RIDIAL CDE	MATION, 23b DATE		23c. NAME OF CEMI	TERV OR CREMA	TORY	23d. LOCATION	(City town or	county)	(State)
BREMOYALI(S	pecify) 3/12		Mt. Carr		TONT	767			
24. FUNERAL DI	10		ADDRESS		1 252 PEC		Marlbon	R'S SIGNATURE	Md.
						u 4			
Francis	Gasch's Sc	ons Hy	attsville, N	Ad.	DAVEAR	14 1966	Juan	es Judge	-

5 (4) 1/65 AI5

TO HOSPITAL

44 6 200 7 Extends Coursels Union to Lead to Lead to Late View Lyange E. OL Lood Lood 10 stini els Day STANFOLD silla Michiga Ca Joseph F. Wilson STR 10 5581 Edge C. Wilson Abmoust (cilib) ter color of the color of the color of terriald done diversiriales at team and Arrentoseleration Anguayem of the Andorfasi Acres 3/10/86 John Senters Will State of Control of the Savery of the Sa Danies and and Mich. Campie Los cain bons Byattsville, Min.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending bysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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Ttem Tilm (52)	5 4/4/66 mb	431
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
Prince Georges MARYLAND	a. STATE b. COUNTY Marvland Prince	Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
Cheverly 5 days	Palmer Park	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Prince Georges General Hospital	7613 Oxonman Road	ON A FARM?
3. NAME DF First Middle	Last 4. DATE Month	Day Year
(Type or print) Rov J	Vindsor DEATH March	20 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED Sep DIVORCED	11 Nov. 1893 7372 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Unemployed	mariland 1	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11000
William Windows	No long No bina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	,
(Yes, no, or unkown) (If yes give war or dates of service)	lange Windson Jame	as X 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (10 to 10 1)	by Failure	ONSET AND DEATH
5020 DUE TO 1 - 12		
Conditions, If any, which) (b) Chronic Djoucker	tis + Elishuseling	
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	1) 19. WAS AUTOPSY PERFORMED?
Colohary AutoLiusia	ocosis & infaction (old)	YES NO
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 1	8.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA		ounty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20m. PLA fac	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	3-24 , 1966, to 3-29 , 196	hat (I) (We) last
	t death occurred aB. OO AM from the causes and on	
22a. SIGNATURE	/ 225.)	DATE SIGNED
Ecklery Jevalu M.D	D. ATTENDING MED. STAFF PHYS. 3/8	29/1966
22c. PHYSICIAN'S NAME (Type)	22d ADDRESS	
I EUWIN STENSEN	Unine Heory Desputa	L.
23a. BURIAL, CREMATION, 23b. DATE/THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d LOCATION (City, Yown or co	ounty) (State)
Duria 9/3/1966 St Mar	yell see see see see see see see	Mariana
24. FUNERAL DIRECTOR ADDRESS 181-11		R'S SIGNATURE
Gobert Willalmay Washill	DAMAR 3 1 1966 / Clians	to Jugg.

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MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14313

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Prince George MARYLAND	a. STATE PRYLENG b. COUNTY PINCE SERVE
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	Greenbe f
_	U.I.VET.V. I.O I II JAVS	/6-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
	Prince George's General Hospi	tal 13 P Ridge Road YES NO
3.	NAME DF First Middle DECEASED POOL	Last 4. DATE Month Day Year
	(Type or print) urace	lines OF DEATH 19 0
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
	WIDOWED TO DIVORCED TO	last birthday) Months Days Hours Min.
102	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	ing most of working life, even if retired) INDUSTRY	COUNTRY?
	HOUSEWIFE OWN HOME	LAUREL, P.G., Md. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE W. AlCORN	BERTHA HOBBS
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. is, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
'''		Wilbert E Wires 13P Ridge Rd
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Havanced Circle	issis and Hepath failing
	5810 DUE TO A	
	Conditions, If any, which) (2) Britaleral Me	arked pulmonary
	gave rise to immediate	
	underlying across land	Resting.
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
VIIC	TANTIL OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO CEATH BUT NOT RELAT	PERFORMED?
/31:		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
AL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL		y, street, office bldg., etc.)
ME	p.m. 19 at work at work	
	21. I certify that (1) (this hospital) attended the deceased from	3-16-19 to 5-27-66, 19 that (1) (we) last
	0127-1-1	death occurred at, M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	(////// (MI A TIM) WA	ATTENDING MED. STAFF DIRECTOR PHYS. 3/28/66
	22c. PHYSICIAN'S M.D.	PHYS. XX DIRECTOR PHYS. 3/28/66
	NAME (Type) William C. Weintraub, M.D.	Prof. Bldg. Centerway, Greenbelt, Md.
02		
232	BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	Quial 3-30-66 allegton	Talianal allegan Va.
24	FUNERAL DIRECTOR ADDRESS C	25a. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
K	Sellett Canaldian Laurel 1	nd 1956 Juanes Judge

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and, if any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

STAND FOR STANDING STREET, THE PROPERTY OF THE PROPERTY OF THE PARTY O E1520 Charles & Charles September 19 100 19 *) F. L. C. C. and a supplication of the the fit with the control of the fit of the first of the first of the fit of t Milita C. Malet - ml. M. D. W. Sort M. Contained, Cartefully, Concentrate, Md.

S. 30 40A

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease Jamove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	4 6 5	Manual Control	CERTIFICAT	TE OF DEATH		114314
0 01	ce of death county ICE GEORGES		MARYLANO	2. USUAL RESIDENCE	E (Where deceased lived, If institution b. COUNTY	on: Residence before admission) Pr. Georges
b. c. Suit	CITY OR TOWN (if outside corpo write RURAL and give nearest		5 Days	Sai + 8 am	outside corporate limits, write RU	16-1
a . 1	NAME OF HOSPITAL OR INSTITU	Home. Inc	1	4651 Brom	ley avenue	e. IS RESIDENCE ON A FARM? YES NO DO
DEC	pe or print)	arah France CE 7. MARRIEO 7. NA	Middle SES W EVER MARRIEO	Last	4. DATE Month DF DEATH Carch 31,	Oay Year 19 66 NOER 1 YEAR IF UNDER 24 HRS.
10a. USU	JAL OCCUPATION (Give kind of we	WIDOWEO OF	DIVORCEO DI BUSINESS OR	10/20/187	77 last birthday) Mont	ths Oays Hours Min. 2. CITIZEN OF WHAT
during m	nost of working life, even if ret OUSCUIFE THER'S NAME	tired) INDUST	IA	14. MOTHER'S MAID	nhi	U.S.G.
15. WAS	Stehhen Jumne S DECEASED EVER IN U.S. ARMEC or unkown) (If yes give war or dat	OFORCES? 16. SOCIAL	LSECURITYNO. 17.	Martha Sc. INFORMANT	4703° B	fromley ave.
	CAUSE OF DEATH [Enter only PART I. OEATH WAS CAUSEO	BY: / " n		Cas Col	l Powell Swith	interval Between onset and Death
gave	nditions, If any, which be rise to immediate	DUE TO COLOR	erale;	Daile	ioselfron	- leglar.
und	ise (a), stating the deriving cause last.	(c) Cest	O OEATH BUT NOT REL	Levely LATEO TO THE TERMINAL D	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMEO? YES NO 17
OR (IF	A. ACCIOENT WAS UNCERLYING CONTRIBUTING CAUSE OF C EITHER, NOTIFY MEDICAL EXA	20b. OESCRI DEATH AMINER)	BE HOW INJURY OCC	CURREO. (Enter nature of	Injury In Part I or Part II of Iten	
MEDICAL MEDICAL	TIME OF INJURY Month, Oa Hour a.m. p.m.	While - No		ACE OF INJURY (Home, far tory, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
	21. I certify that (I) ttiris he saw the deceased alive on_	0 0 0		7-72-52, 19 at death occurred at	:500 from the causes and	on the date stated above.
		11				
	a. SIGNATURE	Grala	М.	.D. PHYS. D	MED. STAFF DIRECTOR PHYS.	B/31/66
22a 22c	PHYSTCIAN'S NAME (Type) David	Gordon, M. (TE THEREOF 23c.	.0.	5731 - 2	MED. STAFF DIRECTOR PHYS.	B/31/66 Clcrest Hgts.

VR AIS (4) 20M 1/65

51849 and interest Eins There is the said of the said the said Devender of action of for atternation hand, hand their some 329 86 7-12 52 3-31- 86 11 2 . The state of the Barri WASA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	ANI
* 000	CEPTIFICATE OF DEATH	13

					-	0 - 0
1.	PLACE OF DEATH a. COUNTY			(Where deceased lived, If Ins		before admission)
	Prince George's	MARYLAND	a. STATE	b. cour		an In
		OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, wr	ite RURAL and gr	Priearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giv.	days	Hillcres	t Heights	16	- /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS	- S-74	6	ON A FARM?
	Prince George's General Hospi		2514 Lyon			res No
3.	NAME OF First N DECEASED	liddle	Last	4. DATE Mont	h Day	Year
		H.	Wolfe	DEATH	rch 11	19 66
6.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8	. DATE OF BIRTH	19. AGF (In years)	IF UNDER 1 YEAR Months Days	IFUNDER 24 HRS.
1	Female Cauc WIOOWED	DIVORCED	8-12-06	50 yrs.	Months Days	Hours Min.
102	LUSUAL OCCUPATION (GIVE KIND OF WORK DONE) 100. KIND OF BUS	INESS OR	11. BIRTHPLACE (Cou	inty & State, or foreign country	12. CITIZEN	OF WHAT
uuı	Ing most of working life, even if retired) Housewife At Hom	0	Virgin	า๋า	USA	
13.	FATHER'S NAME	6	14. MOTHER'S MAIDE	N NAME	1 OUA	
	Edward Jackson Harris	×	Susan My	ers		
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17.	INFORMANT	Addre	SS	
	s, no, or unkown) (If yes give war or dates of service)	Roll	bert H. Wo	lfe Sa	me as #	2
-	18. CAUSE OF DEATH [Enter only one cause per line for (a),		0010 11. 110	rie Da		RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	5), and (c).	20			ET AND DEATH
	IMMEDIATE CAUSE (a)	andiae	aure	re-		
	4200 DUE TO					
	Conditions, If any, which gave rise to immediate (b)					
	cause (a), stating the DUE TO	0		0 1		
_	underlying cause last. (c)	works	notic -	wantde	2000	
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
ICA	Cardise centions	clea	heles:	Isulus V	YE	S NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE MOREONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCU	RRED. (Enter nature of I	Injury In Part I or Part II o	A	2000
						171 1 1
ICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCI Hour a.m. While Not W	factor	CE OF INJURY (Home, fari y, street, office bidg., etc	m, 20f. (City or town)	(County)	(State)
MEDICAL	p.m. 19 While Not Will at work at wo	ille —	6.4.	Hardward hear		
	21. I certify that (I) (this hospital) attended the dec	eased from 9	19	to	1, 19 ₆₆ , th	at (I) (we) last
	saw the deceased alive on		death occurred at	M, from the causes	and on the date	stated above.
	22a. SIGNATURE	00	- 3	P .	22b. DATE SIG	
	Mon 15 Carne	M.D.		ED. STAFF PHYS.	3-12-	66
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	a macali :	5-1.	-
	DON B. CAMERO	~	3503	PERFRY.) / 50	- Silve
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA REMOVAL (Specify)	ME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county)	(State)
	Burial 3/15/66 Ceda	ar Hill	Cemetery	Suitland	Ma	ryland
24		Ath St.		D BY REGISTRAR 25b. R	EGISTRAR'S SIGN.	ATURE
	J. Wm. Lees Sons Wash	DC.	DATE	10 1956	lianles Je	edge.
_	Telsin		1 21112			3/

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please ramove barbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		04321	CERTIFICATI	E OF DEATH		04316
	1.	PLACE OF BEATH a. CDUNTY		2. USUAL RESIDENC a. STATE	E (Where deceased lived, If institution by COUNTY)	n: Residence before admission)
	_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c, CITY DR TOWN (If	outside corporete limits, write RU	RAL end give nearest town)
	,		30 years	colle-	Park	16-1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitel give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
2	9	508-Rhode Island	ave.	9508-Th	hode Island	YES NO.
	3.	NAME DF FIRST DECEASED	Middle	Last	4. DATE Month OF DEATH	Day Year
V	5.	SEX 6. CDLDR DR RAPE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UN	DER 1 YEAR IFUNDER 24 HRS.
/	7	emale White WIDDWED	DIVORCED	7-25-8	last birthday) Montil	hs Deys Hours Min.
			ID DF BUSINESS DR	11. BIRTHPLACE (Co	unty & State; or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	13	Tousewife at	kome	Was Rese	FN NAME	J.S.A.
	1	26:11:11	20	112	m. Fen	
		. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. Ses, no, or unkown) (If yes give war or dates of service)	DCIAL SECURITY NO. 17.	INFORMANT	Address	duch.
		m-	one que	illeam 7.	Wood Some	as # 2
		18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY:	e for (a), (b), and (c).]	h.		INTERVAL BETWEEN DNSET AND DEATH
7		IMMEDIATE CAUSE (a)	rouelio	prieva	ensa	5 days
		Conditions, If any, which) (b)	tril as	turios	elevosis	20 yr
		gave rise to immediate cause (a), stating the DUE TO	11/1	- M , O	1.1-	161.
	NC	underlying cause last. (c) PART II. DTHEB-SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
	CERTIFICATION	Sidila de	Serolos	is - 1h	ma Tressia	PERFORMED?
7	RTIF	204. ACCIDENT WAS UNDERLYING 201/ DE	SCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Mury in Part I or Part II of Item	18.)
		DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. IN.	JURY OCCURRED 2De. PLA	CE DF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
	MEDICAL	Hour a.m. While	Not While at work	ry, street, office bldg., et	tc.)	(Ocure)
	M	p.m. 19 at work 21. I certify that (I) (this hospital) attended	the deceased from	1/9 19	37, to 3/14/, 1	9.66, that (I) (we) last
		saw the deceased alive on 3/14	196 and that	death occurred at2	M, from the causes and t	
		22a. SIGNATURE	reu M.D	ATTENDING	MED. STAFF DIRECTOR PHYS.	. DATE SIGNED
		22c. PHYSICIAN'S	M.D	22d. ADDRESS	DIRECTOR PHIS.	A land
		NAME (Type) J. M. 141	PREM	305-12m	in George S.	Sawrel ma.
	23a	a. (BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	r county) (State)
	24	FUNERAL DIRECTOR	ADDRESS	25a. Jeto	D BY REGISTRAR 25b. REGIST	KAR'S SIGNATURE
1	10	1.1.11. Chambers la. In. 5	17-11E D.	N.E MAR	2 1 1966 Jelian	Mey Judge

VR A15 (4) 15M 4-64 1

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

/		04322	CERTIFICATE	OF DEATH		_04317		
		o. COUNTY Trince Leo	Egles MARYLAND		gere deceosed lived, if institution:	Residence before odmission) PRINCE GEORGES		
	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	4H MT.	RAINIER	16-1		
0	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Magnalia Llaude		d. STREET ADDRESS	NIER AVE	e. IS RESIDENCE ON A FARM? YES NO		
	(NAME OF Pirst DECEASED (Type or print)	may W	right	4. DATE Month OF Marc			
	S. S	F. W WID	OWED DIVORCED	apr. 8, 182	82 Significant State (1988) M.	F UNDER 1 YEAR IF UNDER 24 HRS. Nonths Doys Hours Min.		
	duri	USYAL OCCUPATION (Give kind of work done ng rigst of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	WASH. 10	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	(GEORGE W. PERK WAS DECEASED EVER IN U.S. ARMED FORCES?		14. MOTHER'S MAIDEN NA UNK NFORMANT		440		
	(Ye	s, no, or unknown) (If yes give wor or dotes of service	WAK NOW	RMAN E-WRI		8130 Wisc. AVE ETHESDA, MD.		
-		IB. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		ONSET AND DEATH				
		Conditions, if ony, which gove (b)	snyrential,	enface lan		3dy		
		stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY		
0	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Po	ort I or Port II of item 18.)	PERFORMED? YES NO 🔼		
	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)		
	WED	Hour o.m. 19 While at work of the located the deceased fram 19, ta 326, that (I) (we) last						
		sow the deceosed olive on	19 46, and that	ATTENDING	MED. STAFF	d an the date stated above. 22b. DATE SIGNED		
1		22c. PHISITIANS NAME (Type) D.P. J. F.O.V. R.	m.D M.D	22d. ADDRESS	DIRECTOR LI PHYS. LI	3.29.66		
	230.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Town)			
P		REMOVAL (Specify) BURIAL FUNERAL DIRECTOR	ADDRESS			TRAR'S SIGNATURE		
1	W	. W. CHAMBERS CO	RIVERDAL	E, MD DATAPR	4 1968 fcc	and mage		

within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 5 should be tiled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exec**uted** Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

SEED TO SEE STATE OF THE SEED LEAD DESCRIPTION DAYS. GERMAN LAKENS TO STATE OF THE PART OF THE PA The work of the section of THE CARL OF WHICH CO. the same that th Charles and the state of the st the and Charmon is the profession of the best of the profession of the profession of the profession of

FOR STATE HEALTH DEPT.

ODEPUTY MEDIAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay coessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDIC

TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. jwb^M

1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0432	3 MEDICA	L EXAMINER'S	CERTIFICAT	E OF DE	ATH	04:	318
1. PLACE OF DEAT a. COUNTY Prince	e George's	MARYLANO	2. USUAL RESIDEN a. STATE Md		b. COUNTY	on: Residence to Pr. Ge	
b. CITY OR TOW Write RURAL District	VN (If outside corporate limits, Land give nearest town) Heoghts	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I			URAL and give	nearest town)
d. NAME OF HO	SPITAL OR INSTITUTION (If not in Doro Pike	hospital, give street address)	d. STREET AOORESS 6331 Mar.		ke		IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First JERRY	Middle V. ZI	Lest BANEK	4. DATE OF DEATH	Month March	0ay 1 8	Year 19 66
5. SEX Male	White 7. MARRIE	MEAEK MAKKIEO	8. OATE OF BIRTH 22 Oct 18	la la	gE (In years IF U) st birthdey) Mon yrs.	ths Days	Hours Min.
during most of work	king life, even if retired)	kind of Business or INOUSTRY pt. Store	Czechosl		country) 1	2. CITIZEN O	A.
Jerry Zba			Magdale				
15. WAS DECEASED (Yes, no, or unkown)	(If yes give war or dates of service)		INFORMANT ti J Zbanel	k Sam	Address e as # 2	(Wife)
Conditions, if gave rise to ceuse (a), s underlying ceu	Immediate DUE TO	rebial erebial eneral	Almo axer 32 a MED TO THE TERMINAL	ioscl Mu DISEASE CONDIT	erosi oscler iongiven in part	1 40 yes	T AND DEATH JEST WAS AUTOPSY PERFORMEO?
PART II. OTHER 20a. EXTERNA PRIMARY OF DEA	CONTRIBUTING	DESCRIBE HOW INJURY OCCU	JRREO. (Enter nuture	of Injury In Part	l or Part II of Ite	M 18.)	NO TO
20c. TIME OF Hour a.	INJURY Month, Dey, Year 20d. m. While m. 19 at wo	e Not While facto	CE OF INJURY (Home, ry, street, office bldg.,		y or town)	(County)	(State)
	y that I took charge of the re	A	CHIEF MEDIC M.D. ASSISTANT M DEPUTY MEDI	AL EXAMINER	ndetermined man		In my opinion DATE SIGNED
Bur Far (Sp	MATION, 23b. DATE THEREOF 3/21/66	Washington	National Co	em. Sui	TION (City, town o	M	(Stata)
F. Gasch		sville, Md.	25a. R	R 2 1 196	- A - 40 - 2	TRAR'S SIGNA	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND

U4324 CERTIFICAT	E OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
PRINCE GEORGES MARYLAND	MARYLAND PRINCE GEORGES
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	PILE (E D) .
d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE
PRINCE GEORGE'S GEN HOSPITAL	5809 DEWEY ST. ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) AGNES ZIM	MERMAN DEATH MAR 6 1966.
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS. last birthday) Months Oays Hours Min.
FEMALE CAUCASIAN WIOOWED DIVORCEO	3001 1337 81 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NONE AT HOME	WASHINGTON, D.C. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17.	INFORMANT Address Company
(Yes, no, or unkown) (If yes give war or dates of service)	NORA B. DAY Address SAME AS #2
NU	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND OBATH
IMMEDIATE CAUSE (a)	An An
Conditions, If any, which	- n. f. d
gave rise to immediate	Hem Clour 13 192
cause (a), stating the DUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Pu C	PERFORMEO? YES NO X
20a, ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URREO, (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELIGIOUS CONTRIBUTING TO OEATH BUT NOT RELIGIOUS CONTRIBUTING TO OEATH BUT NOT RELIGIOUS CONTRIBUTING TO OEATH CIFE EITHER, NOTIFY MEDICAL EXAMINER)	Aller (Eller Hause of Mary III) and a second of the secon
	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1-1/ 19/1 to 3 - (19/6 that (1) twe) last
	t death occurred at 22/CM, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNEO
John M.	
22c. PHYSICIAM'S NAME O'SPE JOHN P. CLUM.	6110 43 MAN. HVATTSVILLE, MD
23a, BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
REMOVAL (Specify) (2 ACAS 1011 ACH ACCUSE)	CEM WASHINGTON, D.C
24. FUNERAL DIRECTOR ADORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W.W. Chambers 60. Kuerdale, M.	D OMAR 9 1966 Jolianles Judge

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